FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

6120 Robinwood Road MIDDLE Mazer Bethesda, Maryland 6120 Robinwood Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 200 AUTOPAY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART LOR PART 2) CITY OF TOWN COUNTY STATE and that in my (our) opinian death occurred on the date and hour and from the causes stated 221. DATE SIGNED DIRECTOR PHYSICIAN 236 LOCATION Washington, D. C. STATE Adas Israel Cemetery 5-9-80 Burial MADATE RECO TO REGISTRAR IS TO THE TOTAL OF THE PROPERTY OF TH FUNERAL DIRECTOR Joseph Gawler's 5130 Wisconsin Ave., N. W., Sons. Washington, D. C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

2h. HOUR

IF UNDER 24 HRS

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IF UNDER 1 YEAR

MONTHS DAYS

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LA TEDI	1	EXAMINER'S NAME	G. Ball, Deputy ADDRESS 7936 Old Georgetow	D.J. Both W.J
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE ((TYPE OR PRINT)	ACCINESS	n na., beth.Ma.
190 PAGE	23a. E	BURIAL, CREMATION, REMOVAL 23	CITYORTOWN	COUNTY STATE
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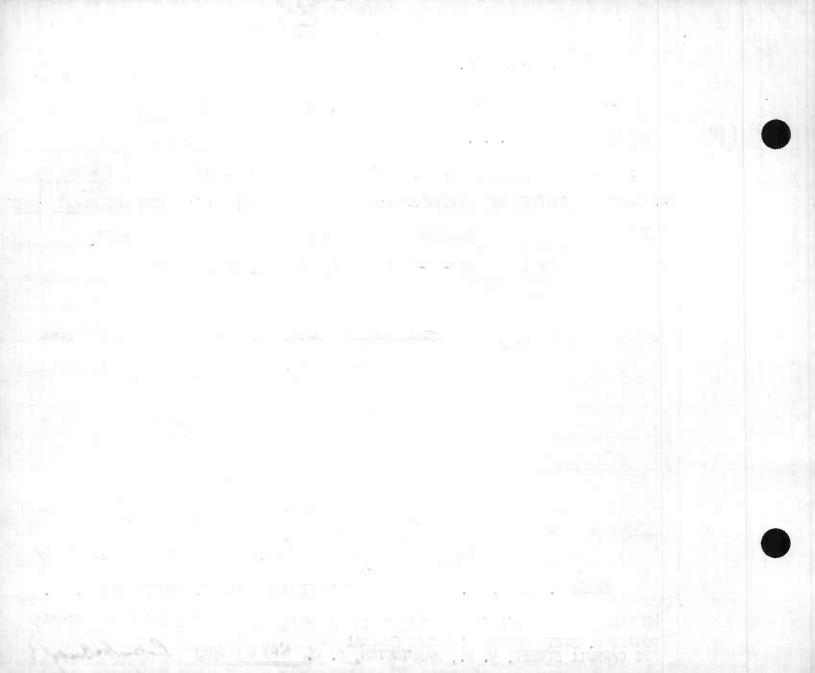
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) William Wilson Adams DEATH MATED & AGE INYEARS IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) White Male PRONOUNCED 30 1904 76 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. USA DIVORCED TO WIDOWED [Montgomery FILED, 19 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Rockville 13206 Parkland Drive retired clerk ORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 113c. CITY OR TOWN 33d. INSIDE CITY CIMITS? 13e STREET ADDRESS Maryland Montgomery Rockville 13206 Parkland Drive VITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OE VIT William S. Adams Pfeiffer Laura P. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) II 579 07 2057 Frank E. Fink same as 13e yes WW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Estdio Vascular Disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES BE 3 SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
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TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21: Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted from: Natural causes Hamicide ! Undetermined manner DATE M24 76 1918 TITLE (SPECIFY), EXAMINER'S NAME 7936 Old Georgetown Rd Beth. Md. (TYPE OR PRINT) John G. Pall 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Alfexandria, Wirginia " 5/27/80 Metropolitan Crematory Cremation 24. FUNERAL DIRECTOR TYSON DHMH-17 20M 1/73 (VR A15 ME (5)) ADDRESS Rockville, Maryland 1331 Rockville Pike

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26. DATE KNOWN DE (TYPE OR PRINT) DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH SEX 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED Maryland DIVORCED 12a USUAL OCCUPATION FE OF WORK KIND OF BUSIN FOR MOST OF WORKING LIFE) none none 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g STATE 13c CITY OR TOWN Maryland YES X Montgomery Sil. Spring NO [806 Islington Street 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nathan Adler Maxine Burtnick ADDRESS ME WAS DECEASED EVER IN U.S. ARMED FORCES? (father) (IF YES, GIVE WAR OR DATES) 78-56-4696 (same as 13e) Nathan Adlerno none 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF ocked. on food Conditions, if pny, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19g DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING SOR MEDICAL P.M. 5-18 1980 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 23801 Frederick Rd. Clarks burg WHILE NOT WHILE Nd. Home. and in my apinian 22a. I certify that I took charge of the remains described above, held on Undetermined monner ACTUAL TO MEDICAL & EXECUTE THE CPAGE 4 SHOUT TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME John G. Ball, DME (TYPE OR PRINT) Bethesda, Montgomery, Marylan 236 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Montgomer Md. Judean Gardens 5-20-1980 Burial 258. DATE REC'D. O. C. Deck 120R Warner E. Pumphrey **DHMH-17** (VR A15 ME (5)) 8434 Ga. Ave., S.S. 15M 7/76

Charles King Taylor Control



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		REGISTRAR				AL EXAMI	NER'S C		ATE OF	DEATH	REG.	NO.			
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DIVISION	ERTING ING ED 1 3 SH SPA RIOR	MEDICAL	21d, INJURY OCCURRED	218. PLACE OF INJURY (ATHOME, 21f. LOCATION	
≥	P D E E E	X X	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	JNTY STATE
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	FER: THIS CERTIFICATE SHC ATE, WRITING THE WORD FORWARDED TO THE CH DR. PAGE 3 SHOULD BE U HE STATE DEPARTMENT OF D, 21201 PRIOR TO BURIAL,	1			
	AMINER: RTIFICATE BE FOR RECTOR: ITH THE YLAND, 2	1	22a. I certify that I taak charge of the	e remains described above, held an Autopsy 🔲, Inspection 🕪, Inquiry 🔲, and in my op	inion
	NEW PEZ		death resulted fram Natural cause	es Accident , Suicide , Hamicide , Undetermined manner ,	
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNEX DIRECTOR: BATTR DEATH, WITH THE S BATTMORE, MARYLAND, 2				EK SPKING, MV.
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WEELL S/20/10 CAST OF TENED STEEL SLUTE VALUE OF THE SOLUTE STEEL STEEL STEELS STEELS

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST MONTH I. DECEASED NAME 7e DATE OF DEATH Zh HOUR (TYPE OR PRINT) Marie Maria 3. SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female White 9-8-1900 7a. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY U.S.A. Wash. D.C. WIDOWED 3 Montgomery IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Buyer Woodward, & USUAL RESIDENCE (IF NURSING HOLD OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE MAK COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4602 - Russell Ave. Pr. Geo. Avondale Md. NO [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE J. Hoffman Marie Fuse ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Same as 577-01-4270A Cecilia Anglin (Sister No above 18 CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CHOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ZIR PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a.l certify that (f) (this hospital) attended the deceased fram and that in/my (aur) apinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) riew the body alter death 776 SIGNATURE 22c. DATE SIGNED DEGREE Ceverin ATTENDING HEDICAL STAFF
PHYSICIAN | IRECTOR | PHYSICIAN | 224. PHYSICIAN SINAME NIPE OR SHIPT) 22e ADDRESS should be with the S 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN Washington, D.C. STATE 5-14-80 Mt. Olivet Cem. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Mt. Rainier. Md. MAY 1 9 1980 Nalley's F.H.Inc. (VRA 15, 4) 1/79

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

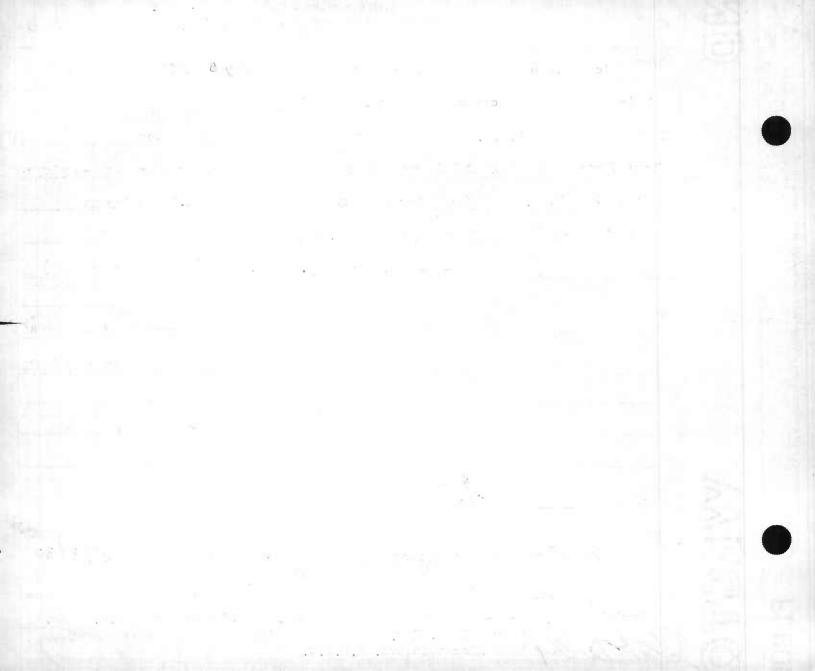
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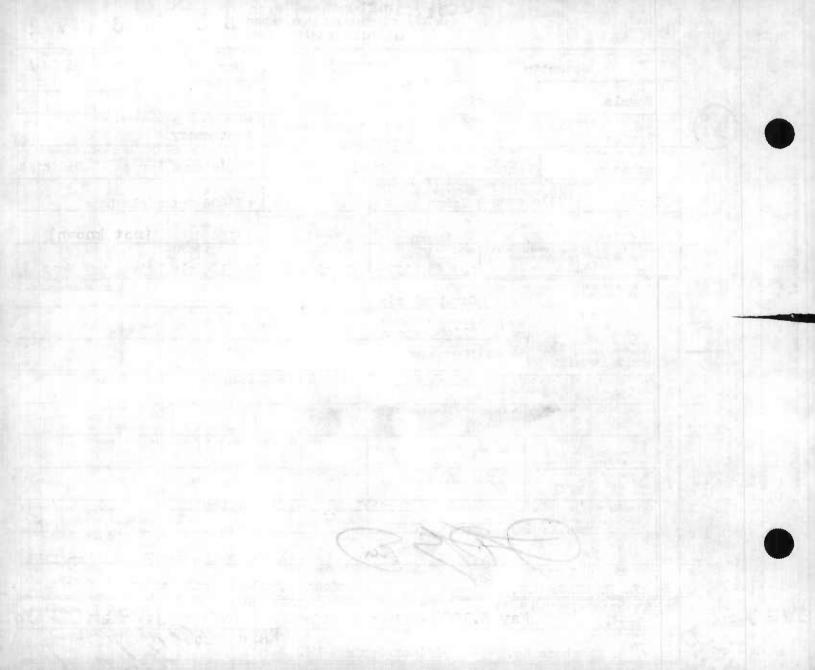
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE OF DEATH MONTH DAY 2h HOUR Myers 15 LIVEE OF PRINTS Jennie Bass por M annie 3655 3. SEX 4 RACE DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY IF LINDER 1 YEAR MONTH YEAR Female Caucasian 12-18-84 IN BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Poland IISA Monta DIVORCED [o mar WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IE NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Hebrew Home of Washington Homemaker Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE CIENURSING CONTROL OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS GAllatin St. N. W. D. C None Washington YESX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Friedman Moishe Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unknown Dr. Melvin Myers, Chevy Chase, No N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate cause (a), stating EMENTIA underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 96 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOX YES [sho 218 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION ž 21d INJURY OCCURRED 21e PLACE OF INJURY ö CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the pate and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after DIRE 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL * ould be deta th the State (PORTANT: H PHYSICIAN DIRECTO 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE CITY OF TOWN COUNTY Burial 5-16-80 Tifereth Israel BP. Washington, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 CHAP. Rockville, Md.2 (VR A 15 (4)) DANZANSKY-GOLDBERG MEM.

ELECTE CONTRACT Y STREET STREET

	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	1 3	192
	T DECEASED NAME (TYPE OR PRINT)	Jeanette	MIDDLE	BAT	SEHAM	May 1	1980	5:30 A _M
ler d	Female	4 RACE Caud	casian	S DATE OF MONTH Feb	DAY YEAR	6. AGE (IN YEARS LAST BIRT		I YEAR # UNDER 24 HRS DAYS HOURS MIN
(M)8	7R. BIRTHPLACE (STATEOR COUNTRY) Florida	FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	MARRIED	NEVER MARRIED DO DIVORCED	Montgomer		TH MD.
ed with	Bethesda		OF HOSPITAL, NURSIN SUCHFACILITY, GIVE STREET LONAL NAVAL	ADDRESS) Medic	al Center	12n USUAL OCCUPATI TYPE OF WORK FOR MOST O Registere	ON 12h. K F. WORKING LIFE) INDU d Nurse	IND OF BUSINESS OR MEDICINE
9 4 5	USUAL RESIDENCE (#NU 13n STATE Florida	RSING HOME OR OTHER INSTITU 13b COUNTY Hillsborou	FIR CITY OF TOW	E ADMISSION)	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 14006 Br	iardale La	ane
nedical of 2	William Wo WAS DECEASED EVE	MIDDLE A. R IN U.S. ARMED FORCE	Bowen		15. MOTHER'S MAIDEN NAMERST Byrd 17. INFORMANT		(not	known)
Pages t, the r	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:			Charles Bat	eham 12 Pal		Cey West, F
t. Then please remove car prior to burial, cremation, us any injury, or other tra		ing the DUE TO	Clioblas O, OR AS A CONSEOUR S CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a)
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m — m	OR CONTRIBUTION	CAUSE OF DEATH HOUR	A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PA	AT 2)
arke	WHILE NOTEY MEDINAT WORK AT WORK	WHILE T	CE OF INJURY E, STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNT	TY STATE
d for use as t pt. of Health Item 21 is m	220 I certify that (saw the decea	(this hospital attende May (didn't dignot) view he b	the deceased from		3 19 <u>80</u> I that in/m/y) (aur) apinian o	to <u>May I</u> death occurred on the de	19 <u>8(</u> ate and haur and fra	, (14 ()
detached f tate Dept. .NT: If Ite	22b. SIGNATURE	1	119	To	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF	May 1980
should be detached if with the State Dept.		INK, M.D.	/		22m ADDRESS National Nav	al Medical	Center, Be	ethesda, Md
52.5	230. BURIAL, CREMATION (SPECIFY) Burial				metery or crematory on National		n Arlingto	
H-16 25M 15, 4) 1/79	24 FUNERAL DIRECTOR NAME W. W. Ch	ambers Co.	ADDRESS Silv	ver Sp	ring, Md.	AFCO BY REGISTOR	256 BEGISTEANS ST	SKIE OREARLY



12 0 24	h-	FOR STATE				MENT OF	HEALTH	AND MENT	- 1	No.	1 3	1 0	*2	
U GKAT		REGISTRAR	FIRST	MEI	MIDDLE	EXAMIN	IER'S C	ERTIFICAT	E OF DE	KEG		1 7	3	
(10)		PE OR PRINT)	Albert		F.					OF ESTI- DEATH MATED		12 ₁₉ 80	26. HOUR	
CTON FIELD	3. SEX	(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		NDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR	
ARY, FOUR		Male	White	3 19	07	73 Y	·	5 DAYS HOUR	RS MIN.	PRONOUNCED DEAD	May	12 1980	6 PM	
S NECESSARY, FUNERAL DIR S FOR YOU W. PRESTON	FO	RTHPLACE (ST PREISN COUNTRY) ALabama			S.A.		WIDOW		ORCED	9. BALTIMORE CIT	nery		MD.	
AY IS THE FILED	1	Bethesd	a	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban Hospital Tawver							TYPE OF WORK			
1201 F ANY D AND 3 RETAIN HOULD	13a. S	^{tate} Ma <mark>ryl</mark> ar		OTHER INSTITUTION, GIV Y	/E RESIDENCE	OR TOWN	ONI	13d. INSIDE CITY LIMI YES NO	152 13e_STR	REET ADDRESS Ol Corewood	d Lane	,		
DRE, MD. 2 R DEATH. II AGES 1, 2, RM PM 3, I AND 2 SI OF VITAL		Enoch		WIDDLE	Beas	ley		15. MOTHER'S M		MIDDLE		McKee		
BALTIMORE, MD. URS AFTER DEATH URF PAGES 1 WITH FORM PM. PAGES 1 AND 2 DIVISION OF VITA	16a. V	VAS DECEASED ES, NO, OR UNKNO Yes	DEVER IN U.S. ARM WN) (IF YES, GIVE W	AR OR DATES)		-54-59		17. INFORMANT Helen F.	Beas]	ADDR Ley, Wife.	12	as item	13	
TON ST., BA N 24 HOURS N 14 HOURS N 17 HEM 18 G ALONG WI T PERMIT PY YGENE, DIV		18. CAUSE OF PART I DE	F DEATH (Enter only ATH WAS CAUSED IMMEDIATE	BY:	. 40 -	, and (c).)	Insi	Hicie	ney	Acute	. 0	APPROXIMA BETWEEN ONS	IE INTERVAL ET AND DEATH	
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TAL RECORDS, 36 HOULD BE EXECU RD. "PENDING." IN THEF MEDICAL E USED AS A BURN OF HEALTH AND AL, CREMATION, C	CERTIFICATION	19a. DATE OF		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	(?		
DIVISION OF VITAL RECORDS, ER, THIS CERTIFICATE SHOULD BE EXE ATE. WRITING THE WORD "PENDING" ORWARDED TO THE CHIEF MEDICAL R. PAGE 3 SHOULD BE USED AS A B BE R. PAGE 3 SHOULD BE USED AS A B B R. PAGE 3 SHOULD BE USED AS A B R. PAGE 10 SHOULD BE USED AS A B P. STOTO PRIOR TO BURRAL, CREMATION 9, 21201 PRIOR TO BURRAL, CREMATION	AL CERTIF	UNDERLYING	L CAUSE WAS			DAY YEAR	21c. HC	W INJURY OCCU	URRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART 1 OR PA	YES ART 2)	NO 💢	
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TO MEDICAL EXAMINER; I EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 211			y that I took charge	of the remains described to the causes D	Accident		Autopsicide .	Hamicide TITLE (SPECIF)	Y)	Inquiry	and in my o	pinion May 12,	1980	
O MEDICA XECUTE TH AGE 4 SH O FUNER FITER DEAT	10.5	EXAMINER'S I	II) John	G Ball,	M D			ADDRESS 7	936 010	Georgeto	wn Rd.	Beth.	Md.	
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STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINT E. DEATH MATED 3 SEX 5. DATE OF BIRTH AGE LIN YEARS IF UNDER 24 HRS DATE YEAR PRONOLINCED Female Caucasi DEAD 1.03 70 BIRTHPLACE ISTATE OR TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Illinois U.S.A. WIDOWED 2 DIVORCED 0 m 2 1 3MD I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker Home BE USUAL RESIDENCE (IF IN NUSING HOME OF OTHER INSTITUTION GIVE RETIDENCE BEFORE ADMISSIONI · 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Vallexs . NO 8701 Upper 129th Court Apple Not available 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Riordan AND Frank Carlin Mary 16b. SOCIAL SECURITY NO. 17. INFORMANT 483 ADDRESOWER Valley Dr. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 323 07 7970 John A. Berry Rockville. Md. No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? one YES NO DE BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME II. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection Z 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Suicide death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER Seminary Road Silver Spring EXAMINER'S NAME John S. Rogers Maryland TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE DesPlaines, COUNTILINOTS 5/14/80 All Saints Cemetery Burial BP 256. REGISTRAR'S SIONATURE 24. FUNERAL DIRECTOR 250. DATE AFY'D BY REGISTONA ROBERT A. ADPRUMPHREY FUNERAL **DHMH-17** HOMES, P.A., ROCKVILLE, MARYLAND (VR A15 ME (5)) 30M 7/73

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	EASED NAME FIRST OR PRINT)		WILLARD	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
(Joh		KXXX. 13	2505	DEATH MATED	M24120 641
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	JOHN	WILLARD	BLADES	GERTRUI	DE	RUSSELL
	AS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY		TER ADDR	ESS 2406 DEXTER AL
(110)	NO		011-07-20			SILVER SPRING, MD.
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS		ne far (o), (b), ond (c).)	1	1 1 1	APPROXIMATE INTERVAL BETWEEN ONSFT AND DEATH
		IATE CAUSE (o)	Acut	e Myoua	221016	775
	Conditions, if any, whi		R AS A CONSEQUENCE OF		1	
	gove rise to immedia	ote (b)	Chron	emyoc.	14/21/	1) 5.
16	cause (a) stating the underlying cause lost.	DUE TO, C	R AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT CONDITIO	(c)	N BUT NOT BELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART	1 (et	
	Chron	. 06	fructiv	c. Paul m	A #00 7.16 W	Disease
ATIC	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERA	TION WAS PERFORMED?	of Edy A	20. AUTOPSY?
IFIC	None					YES NO B
()	210 EXTERNAL CAUSE WAS	21b. TIME (OF INJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITE	A 18 PART 1 OR PART 2)
	UNDERLYING UNDERLYING CAUSE C	F DEATH P.	M. 19			
MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE AT WORK AT WORK					
	22a. I certify that I taok cho	orge of the remains d	escribed obove, held an	Autopsy . Inspection	Inquiry .	and in my apinian
	death resulted from: No	nturol causes ,	Accident , Suic	ide, Hamicide	Undetermined monner	
	ACTUAL	100	1	TITLE (SPECIFY)		DATE
	SIGNATURE	tet	V (ager	e M.D. Day	MEDICAL EXAMINER	SIGNEDULY 22/98
	EXAMINER'S NAME	JOHN S. F	ROGERS	1919 SE	MINARY ROAD.	SILVER SPRING, MD.
	(TYPE OR PRINT)			ADDRESSETERY OR CREMATORY	123d. LOCATION	
(Si)	CREMATION			ITAN CREMATORY	ALEXANDRI	A VIRGINIA
24. FU		CIS J. CO.		25a. DATE RE	C'D. BY REGISTRAR 17	ISTRAR'S SIGNATURE
	O LINTU RIUD			0901 MAY	2 3 1980	of my /Kelresdy

TETTER LATORINGO CONTROL ASSESS

C 1111 CHRISTON CHRISTON CANADA CONTRACTOR CONTRACT

011-07-0069 SUSVI BLACES

STIVER SPRING, M.

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FEAROIS I. COLLINS

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			3 SE)		4 RACE	. ,	5 DATE O	F BIRTH OAY YEAR	& AGE (IN YEARS LAST	SRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS
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4	t the	r other		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEOU	NCE OF					
201 W	ed by	۲۷, ٥		underlying cause last	(c)_	MAJOI		EREBRO-VAS				
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	TOR USe USe	21 1		220 I certify that (1) (this hospi sow the deceased alive on	7-/-	he deceosed from _	80	d that in (my) (our) opinion		dote and ha	ur and from the	that (I) (we) last
	hospital of hed for us Dept. of H	te T		obove, (I) (spe) (did) (did no		y ofter death		DEGREE	deom occorred on m	- doie ond not		SIGNED
-	e ho e ho Chec Dep	=		MI. SIGNATURE	LD. /-	4	Wan	ATTENDING L	MEDICAL _ S	TAFF _	III. DATE	15/00
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	TO HOSPITAL retained by the I TO FUNERAL E should be detach with the State D	MPORTANT: If I		CENCSI V.		WELL				, , ,		TO SHE TO
4110	00		23a. E	URIAL, CREMATION, REMOVAL				METERY OR CREMATORY	23d LOCATION CITY OR TOWN	7117	COUNTY	STATE
110	BP	-	34 51	BURIAL			SI. MA	RY'S CEMETERS	ROCKV	APIZSH POPIS	MONT	MD.
	DHMH-16			INERAL DIRECTOR FRANC		ADDRESS	I/O	20901 MAY	9 1980	frey	94/1900	many .
	(VRA 15, 4)	1/79	30	O UNIV.BLVD., W	.,SILVE	k spring,	MV.	20701		4.4	1	Acc 8

TOWN THE WORLD 213-24-6911 MARTER, PUTTERSON SUPE AS 12 DAUGHTER BACTERIAL DEPARTS TALLY STORY STORY STORY TO STORY TALLY IN THE TANK OF STRUCK SERVICES, NO. 2001

	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 3 2 0 1 CERTIFICATE OF DEATH							
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9		RTHPLACE (STATE OR FOREIGN OUNTRY)		HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
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Double de la constitue de la c		TAKOMA PARK	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION THOSPITAL	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF ACCOUNTING	WORKING LIFE)	NDUSTRY	BUSINESS OR OF THID AF
1 1 2		AL RESIDENCE (IF HURSING HOME O	ROTHER INSTITUTION,	SIVE RESIDENCE BEFORE	ADMISSION)			SERVICE	.5 Du 0	TIND A
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d co		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO	7 INFORMANT	ADDRE			
medicol	L'	NO	E WAR OK DATES)	579-40	-4450	ALICE M. BOY	D SAME	AS 13	WI	FE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician ther this certificate has been signed by the attending physician and completely filled in the os the buriol-transit permit. Then please remave carbon papers. Pages I and 2 should be the the and Mental Hygiene prior to buriol, cremation, or removal orked or them 18 shows any injury, or other traumatic event, the medical examiner must be in	7	Conditions, if ony, which gove rise to immediate couse iol, stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT.	DUE TO, OR DUE TO, OR DUE TO, OR (b)	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO E	NCE OF	Dr denz	Discos	DITION GIVEN II	10	VE MITERVAL SET AND DEATH A CUPS V SCRES
nos been si nos been si permit The	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	7	OPERATION	WAS PERFORMED	YES NOT	20b. IF YES, WE IN CERTIFYING	G CAUSES OF	
S PHYSICIAN: The Internating physician per this certificate has the buriol-transit per and Mental Hygiene and Mental Hygiene and or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA	YEAR	2)c HOW INJURY OCCUR				МО
DING PHYS or ottending After this or se os the bur solth and Me marked or it	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	CITY OR TOW	'N C	OUNTY	STATE
TEND of the of the off		sow the deceased alive or above, (1) (year (did) (did and	5/	27 19	90_, one	that in (my) (par) opinion	death occurred on the do	te and hour and		ot (I) (we) lost uses stated
The second		22b. SIGNATURE See un	End	Zen-	n		MEDICAL STAF DIRECTOR PHYSIC		220. DATE SK	3/80.
TO HOSPITAL TO FURERAL should be de with the Stott		Keith M		dgren	nss	220 ADDRESS				
11000	23a	BURIAL, CREMATION, REMOVAL				METERY OR CREMATORY	234 LOCATION CITY OR TOWN	COU	NTY	STATE
ВР	24 5	BURIAL UNERAL DIRECTOR FRANCE	5/27/		ONG HI		SALTSBUT E REC'D. BY REGISTRAR		S SIG! ATUP	MASS.
DHMH-16 20M (VRA 15, 4) 7/78	50	ON UNIVERSITY B	CIS J. CO OULEVARD		ER SPR	TA.	AY 2 9 1980	Arpa	- Mel	heady

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		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	The Property of
		ECEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DA	AY YEAR 25. HOUR
ge 3		RIC	HARD M. DRAY 05-1	8-80 3 P
	3 9	100 11 =		FUNDER 1 YEAR # UNDER 24 HR
ME I		MALE	June 12,1915 64 YRS	
MEN		BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1 BALTIMORE CITY OR COUNTY	4 - 4 1
2 5	7	Colorado	USA WIDOWED DIVORCED ///U/U/G	mery,
vith of	010	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN BUCH FAGILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OF
of go	80	TIVER SHEIN	B HOLY CROSS HOSPITAL RetDean Ameri	can Universi
be fi	130	STATE 136 COL	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13C. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS	
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2 should	14	Edgar William	MIDGLE LAST FIRST MODELE	LAST
and and	á-			
E	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES)	
- L		No N	one 220-34-2778 Jean J. Bray-wife 7051 Carre	
ysicii pers. oval.		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and (s)	APPROXIMATE INTEVAL AND DESAL REPORT RESERVED
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rial,		underlying cause last.	(c)	
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The lor t	CERTIFICATION	Mowe o	18 CONDITION FOR WHICH OPERATION WAS PERFORMED, 126 AUTOPSY? 178 IF YES,	WEIR FINDINGS USED
ene pri	2 5	DATE OF OPERATION	A LINE LINE CERTIFY	ING CAUSES OF DEATH?
nsit per Hygien TR s	7 5	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	Part San
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Der Der		THE SIGNATURE (VA	ATTENDING MEDICAL STAFF	5.19.20
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should be de with the Sta		ט אוטידעט	circa may siever series and	20910
~ / -	230	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN Washington, D.	COUNTY STATE
	21		25- DAYE DECID BY DECICED A DATE DE MICYO	ADIC CITALATURE
/H-16 25M	24	FUNERAL DIRECTOR	ADDRESS 20002 250 DATE REGISTRAR 256 DESISTRAR 256 DESISTR	AK S SINAHURE
15, 4) 1/79		Lee Funeral H	ome 300-4th St. N.E. Wash D.C.	/

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FOR - STATE

DHMH-16 25M

(VRA 15, 4) 1/79

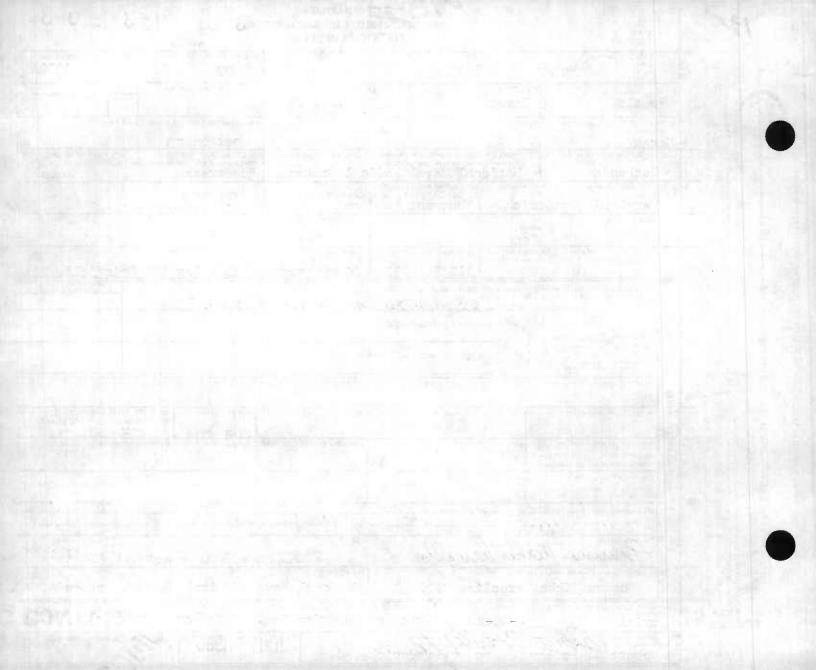
REGISTRAR

28 DATE OF DEATH I. DECEASED NAME 26 HOUR [TYPE OR PRINT] 1980 1030A 26 AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY None 8201 Rockyridge Road LAST CHOI ADDRESS Jimmy Brennan Rt. 1 Box 190 Fairfield. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES K 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in fmf) (aur) apinion death accurred on the date and hour and from the causes stated 224 DATE SIGNED May 27,1980 DIRECTOR PHYSICIAN K National Naval Medical Center, Bethesda, Md. Md . Graceham Frederick 250 PATE REC'D. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Frederick, Md. Robert E. Dailey 8 Sons

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

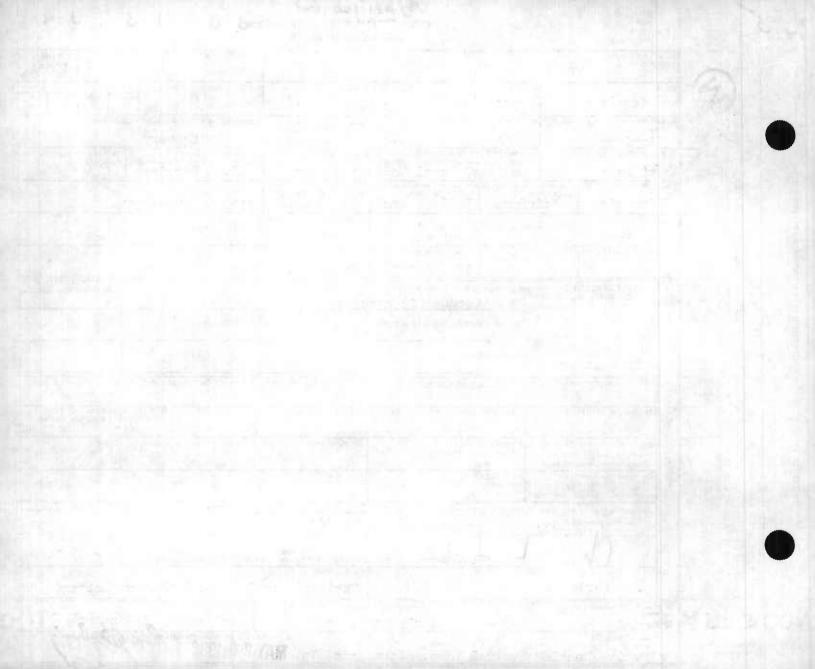
CERTIFICATE OF DEATH

REG. NO.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR



12e USUAL OCCUPATION

ITYPE OF WORK FOR MOST OF WORKING LIFE) 2h KIND OF BUSINESS OR INDUSTRY housewife home 13e STREET ADDRESS MIDDLE LAST Warg **ADDRESS** John W. Brogan same as 13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES 5 NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death accurred on the date and haur and from the causes stated 27: DATE SIGNED DIRECTOR PHYSICIAN 23d LOCATION Rockville, Maryland" Mary's Cemetery Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR - STATE REGISTRAR

I. DECEASED NAME

FIRST

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

MONTH

YEAR

DAYS

IF UNDER 1 YEAR

10

2h HOUR

HOURS

IF UNDER 24 HRS

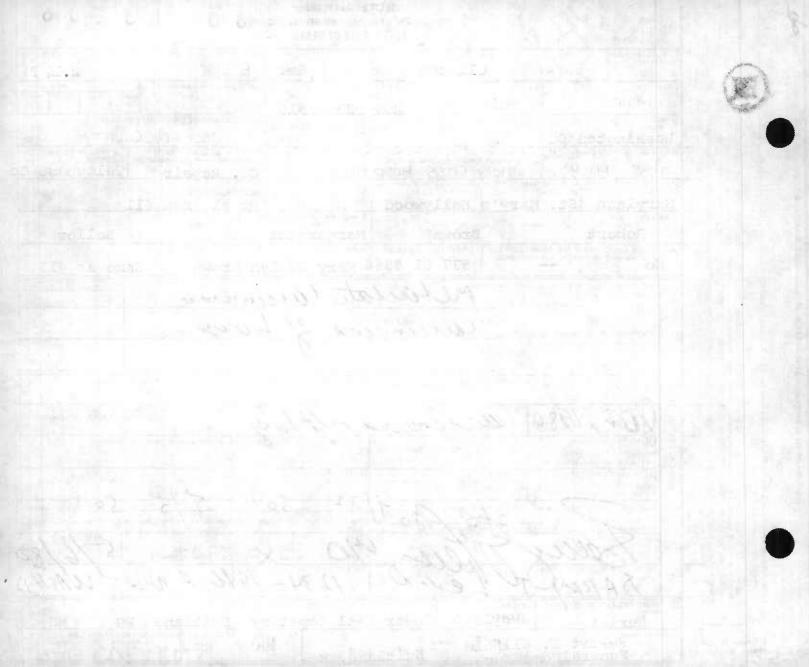
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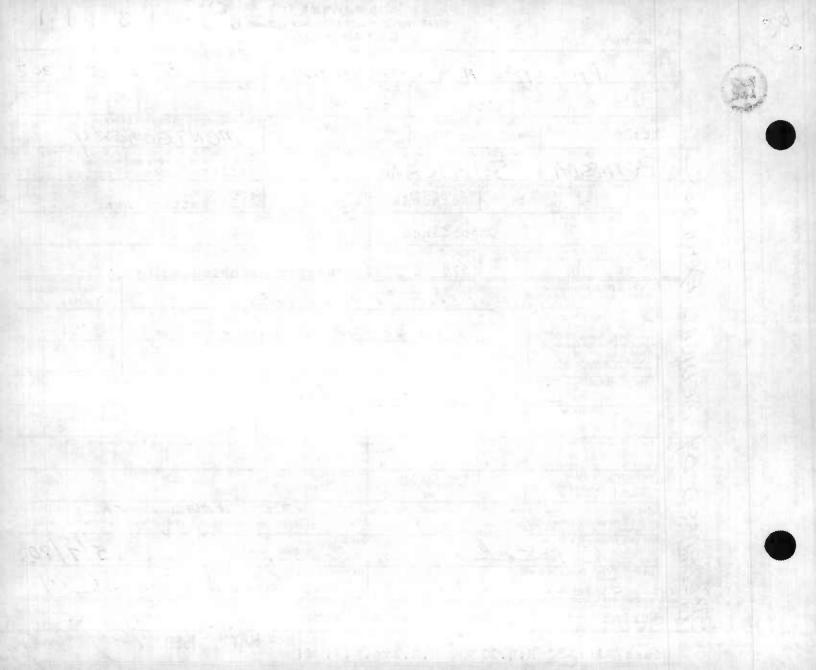
Silver Jern Burn Cran I was a wife will PARVLANT PORTRONESY STEER SPRING X SECTOR VILES STREET WELLS SELLS 1 233-42-9054 JOSETHI E. BROWN SAIR AS 13 SON Called Varion Dandas and the second of the second of the second SURIAL 6/2/80 CATE OF REAVER SILVER STING NOW IN. 500 UNIV. SLUD., M. SILVER SPORM, ND. 20901 W. JUN. 3 WISHO W. STEWN SILTATION .I SIDMANTE

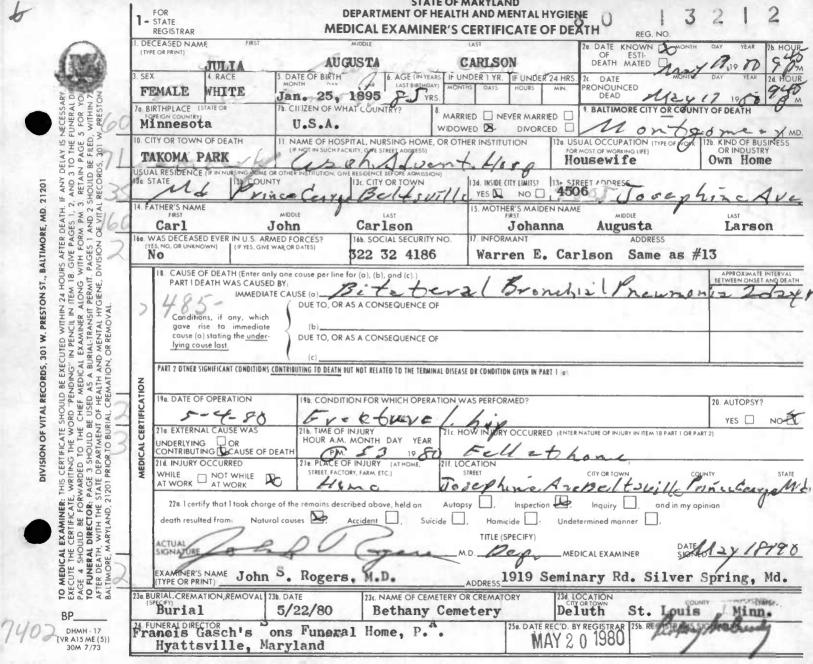
Richard Variation (Inc.) Mashington, D. C. (157) Taland last last the can have tite less that landers the Paris Contament States Speking 102 for the Cam Tribe Jein Blake Dane lackere Roach siene 7404 15th Avenue 577-07-1135 Mas. Callarine C. Bonnett Tainer Sant, Mi. Lands R. Pomis Santa 1831 University Study Street Seeing, Md. dunia calicatoria de Calleino de Calicatoria de Cal

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2s DATE OF DEATH MONTH 2h HOUR I. DECEASED NAME Annie E Byrum LTYPE OR PRINT! 4 RACE 6. AGE 1 IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX DATE OF BIRTH MONTH YEAR MONTHS DAYS **HOURS** 1882 emale White Jan. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? IS BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Virginia Montgomery WIDOWEDICK DIVORCED [126 KIND OF BUSINESS OR INDUSTRY Post Dept 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rockville Collingswood Nursing Home Claims Examiner W.S. Govit. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13e STATE 13d. INSIDE CITY LIMITS? Montgomery Gaithersburg NO [Md. YES [9009 Eugene Drive 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE William Roaten Jeannette Winbon ADDRESS 6 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 13. LYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST No 577-10-9056 Same as item Florence L. Cudmore, Daughter. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ich. PART I DEATH WAS CAUSED BY 0m 00515 mo IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Mosclerosis ecebra Conditions, if ony, gove rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED In DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a I certify that (1) (this hospital) attended the deceased fram. ond that in my (our) opinion death occurred on the date and hour and from the causes stated above (ii) we) (did) (did not) view the body after death. 22c. DATE SIGNED DEGREE M > ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPDRTANT 77 ADDRESS 22d PHYSICIAN'S NAME LITYPE OF PRINTS should be with the S 207 Brookes Ave Garthersburg ames Doredr 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 236 DATE COUNTY STATE Burial 6/4/1980 Beaver Hill Cemetery Edenton. 250 DATE REC'D. SCREETSTRAR TSL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc **DHMH-16 25M** 5130 Wisc. Ave., N.W. Wash., D.C. (VRA 15, 4) 1/79

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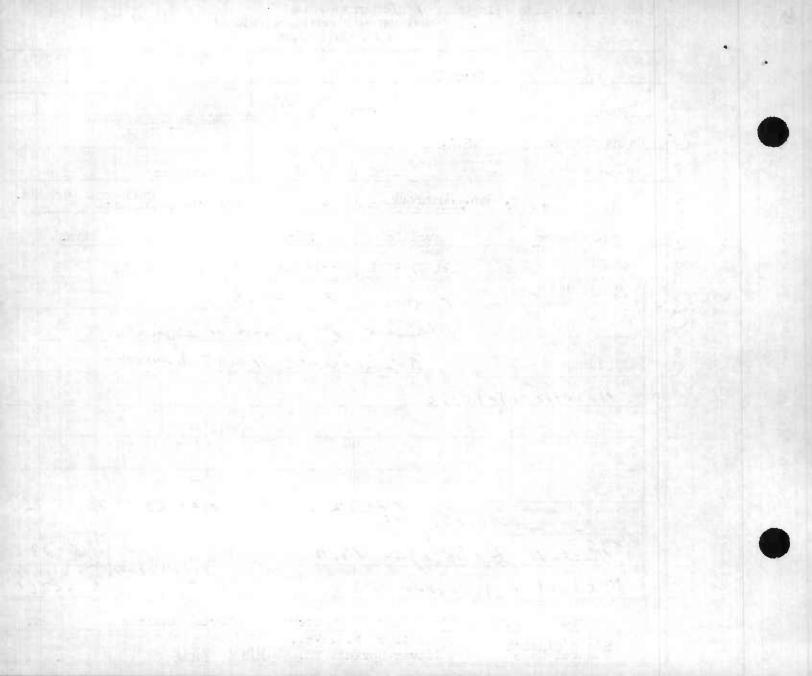


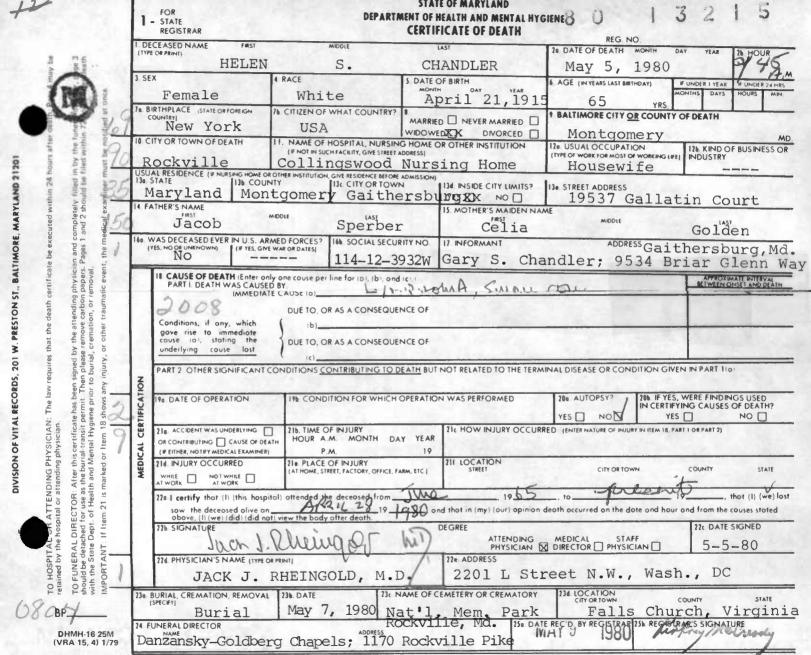


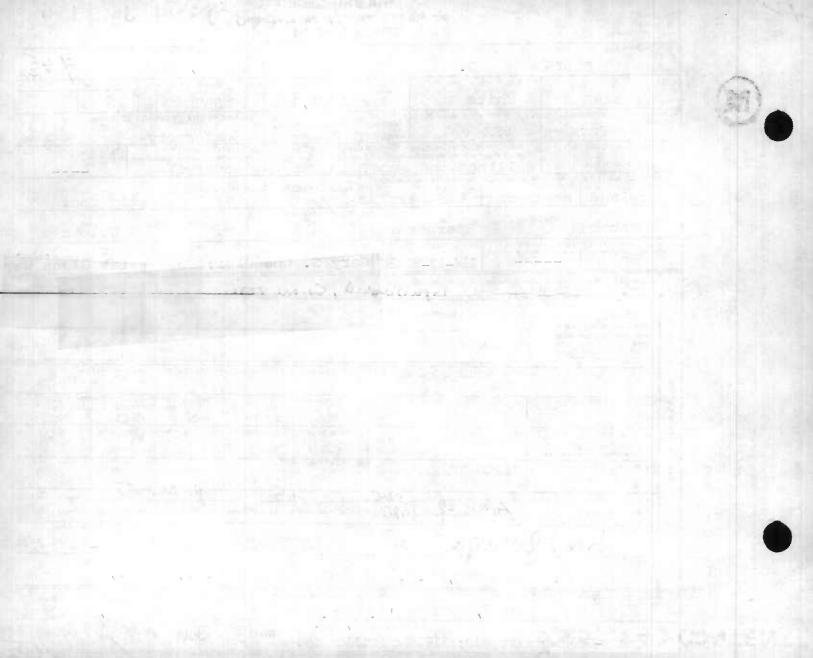
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5 5	FOR STATE REGISTRAR	orde tim oditi	DEPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGU	REG. NO.				
(Na)	DECEASED NAME (TYPE OR PRINT) MAT	RST MIDDLE '	Chalfa	20	o. DATE OF DEATH MONTH	, 1980°	7:30AM		
thought the state of the state	3. SEX	4. RACE		DAY YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
rol directory to have	Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	White The CITIZEN OF WHAT CO	Nov.	7, 1899 EVER MARRIED 9	80 YRS BALTIMORE CITY OR COUN Montgome	TY OF DEATH			
ままずるかん	Penns ylvani Olney	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Montgomery	WIDOWED XX L, NURSING HOME OR OTHE GIVE STREET ADDRESS) J General Hosp	DNORCED 12 RINSTITUTION 12 Dital	RO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Homemaker	LIFE) INDUSTRY	MD. F BUSINESS OR		
RYLAND 212D) within 24 hours of the state of	USUAL RESIDENCE (IF NURSING 130 STATE Md.	HOME OR OTHER INSTITUTION, GIVE RESIDENCE GOOD 130 CITY	ence before admission) OR TOWN 13d IN: OF Spring YES	SIDE CITY LIMITS?	street address 950 1612 Gamewell	3 Good La	ick Rd.		
MARYL ond selvenne	4 FATHER'S NAME FIRST Bartholeme	ew . Ha	vrilla 15 MO	THER'S MAIDEN NAME	WIDDLE	Rayn			
	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)		ormant rie Detwile	ar Same As	13	6		
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1 1 1 7 2	24 FUNERAL DIRECTOR NAME Hines/R: Funeral	inaldi ^	DDRESS 11800 N.H. ilver Spring,	AVE., 250. DATER	EC'D. BY REGISTRAR 25b. REG		URE		







STATE OF MARYLAND

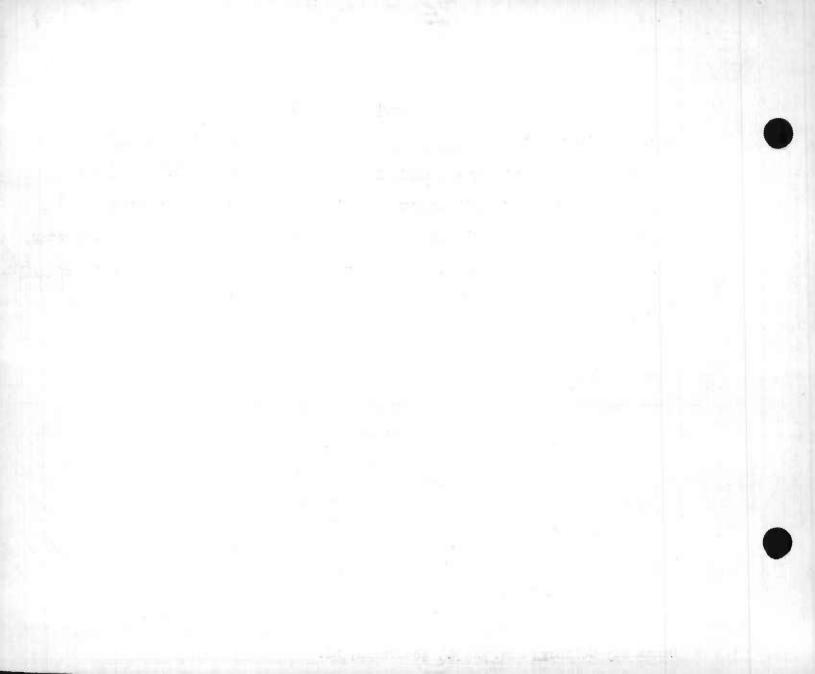
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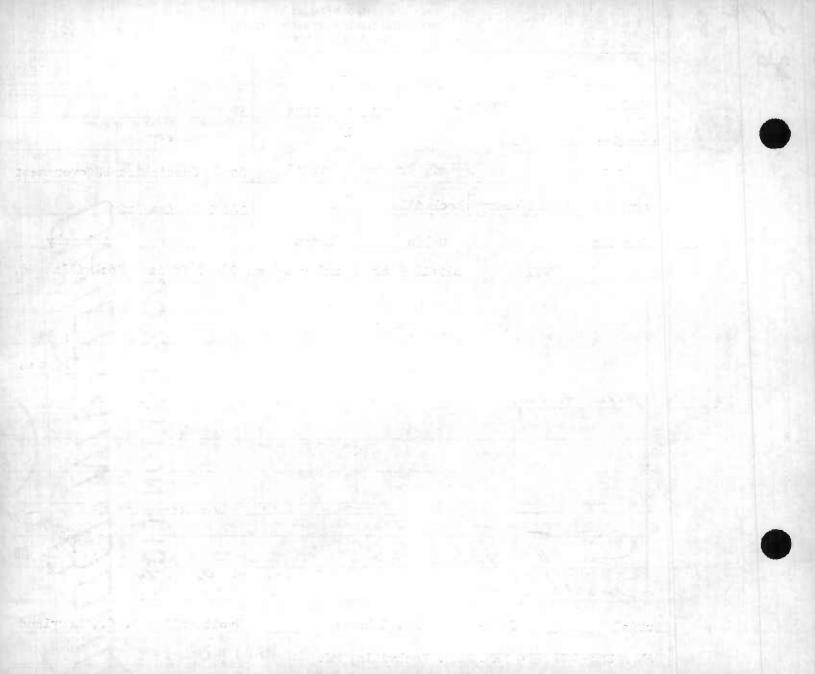
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs rattending physician. The this certificate has been signed by the attending physician and campletely filled in by the buriol-transit permit. Then please remove corbanapopers, Pages 1 and 2 shauld be fill thand Mental Hygiene prior to buriol, cremation, or removal.	runst be	13a S	al residence (if nurs TATE aryland	13b COUN	other institution	GIVE RESIDENCE I	TOWN	13d. INSIDE CITY LI		se STREET ADDR		ive	
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request or to	<u>5</u>	101	Metas. 7	to Lu	ugo	portal	Lyper		varu	1 / 1/1	denor	regaly	
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2 2 5	≦	23 a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	l u	COUNTY	STATE
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DHMH - 16 50M 1/7	6		INERAL DIRECTOR			ADDRES	s			EC'D. BY REGIST	RAR 25b. REGIS	TRAR'S SIGNAL	URE
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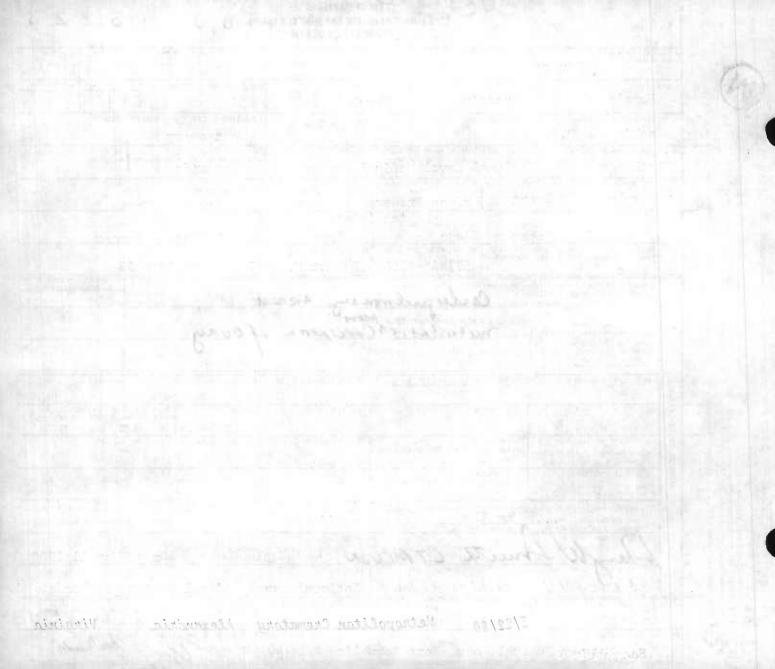


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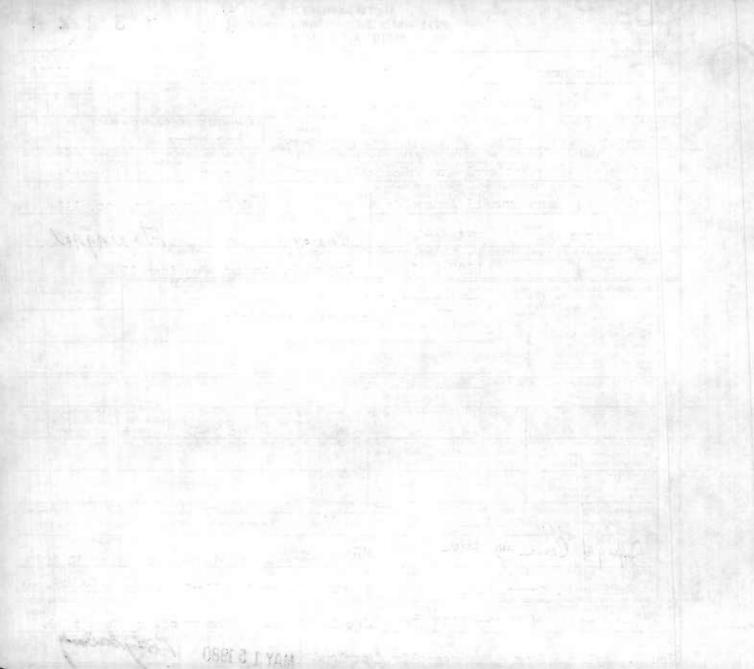
ATTENDING PHYSICIAN.

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3 SE	Х	4 RACE			OF BIRTH	& AGE (IN YEARS LAST OR		IF UNDER I YEAR	IF UNDER 24 H
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1	linnesota	USA		WIDOW		Montgome	ry		
	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12e USUAL OCCUPAT		126 KIND O	F BUSINESS
7	Bethesda	Nation	al Naval	Medic	cal Center	Teacher	OF WORKING LIF	Educa	tion
USU	AL RESIDENCE IF NURSING HOME O	OF OTHER INSTITUTION,	GIVE RESIDENCE BEFO	ME ADMISSION	1130. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		ne Arund	el Annap	olis	YESTA NO	1055 Nori	nan Dr	. Apt.	111
14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN NAM	AE			
1	George	MIDDLE	Kiefer		MAUDIN	WIDDLE	1-7	DEINGE	01/
16a \	WAS DECEASED EVER IN U.S. AL		166 SOCIAL SEC	URITY NO.	12 INFORMANT	ADDR	ESS	The Age	100
4	YES, NO OR UNKNOWN] YES, GIV	VE WAR OR DATES!	190 18	7620	Joseph P. C	onnor See	item	13	
	18 CAUSE OF DEATH (Enter o	nly one cours per	line for (a) (b) o	nd (c)					MATE INTERVA
	PART I. DEATH WAS CAUSE	ED BY Gas	trointes	tinal	hemorrhage se	condary to			4
	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR COM	UDITION GIV	/EN IN PART 1(c	11
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
TER						YES NO		FYING CAUSES	OF DEATH
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	saw the deceased alive ar above, (f) (we) (did) (did n)	May II	after death.	80	nd that in my) (aur) apinian o	death occurred on the o	date and hau	or and from the	causes stat
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	22d PHYSICIAN'S NAME (TYPE	ORPRINT)			22e ADDRESS				
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300	Jeffrey M.	Crane, M	, U ,		Mercantar man	ar modeour	OCILCO	, , ,	
	BURIAL, CREMATION, REMOVAL			NAME OF C	CEMETERY OR CREMATORY	1234 LOCATION	CONTE	COUNTY	STAT
		23b. DATE	23¢			23d. LOCATION CITY OF TOWN			STAT

DHMH-16 25M (VRA 15, 4) 1/79

Taylor & Sons

ADDRESS. Annapolis, Maryland



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	REGISTRAR	L6/80 gj	M	EDICAL EXAMINER	S CERTIFICATE	OF DEATH REG.	NO.	Jr. W
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	Sierra I	eone	Sierra		OWED DIVOR		ery County	MD
16	CITY OR TOWN	OF DEATH	II. NAME OF HO	OSPITAL, NURSING HOME, OR	OTHER INSTITUTION	12a. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)		NESS
5	Silver Sp	oring		oss Hospital		Goldsmith	Jewelry	
U.	SUAL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?			
	Maryland		tgomery	Silver Spring			n Woods Place	
14	FATHER'S NAMI		WIDDLE	LAST	15. MOTHER'S MAII		LAST	
	Yallal	1	MIDDLE	Conteh	Jeneba		Mansaray	
16		DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO	17. HEGRMANT	ADDRE		
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Ē	18. CAUSE C	F DEATH (Enter or	nly one cause per li	ne far (a), (b), and (c).)			APPROXIMATE INT	TERVAL
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	101	/		OR AS A CONSEQUENCE OF				
		ns, if any, which se ta immediate						
		stating the under-	DUE TO, C	OR AS A CONSEQUENCE OF	Section 1			
1	lying cau	se last.	- (-)					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN. The law requires that the death certificate be executed within 24 hourstending physician. After this certificate has been signed by the attending physician and completely lines in this stream than the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled.	rial, cremation, or removaí. ry, or other traumatic event.		Canditions, if any, gave rise to immediate to immediate the course the course to immediate the course the cou	/AS CAUSE(IMMEDIAT , which mediate ing the	D BY. E CAUSE (a). DUE TO, O	R AS A CONSEQUE	ence of l	George Con	inlove do Vax	- les el	BETWEENS	MATE WITERVAL DISET AND DEATH
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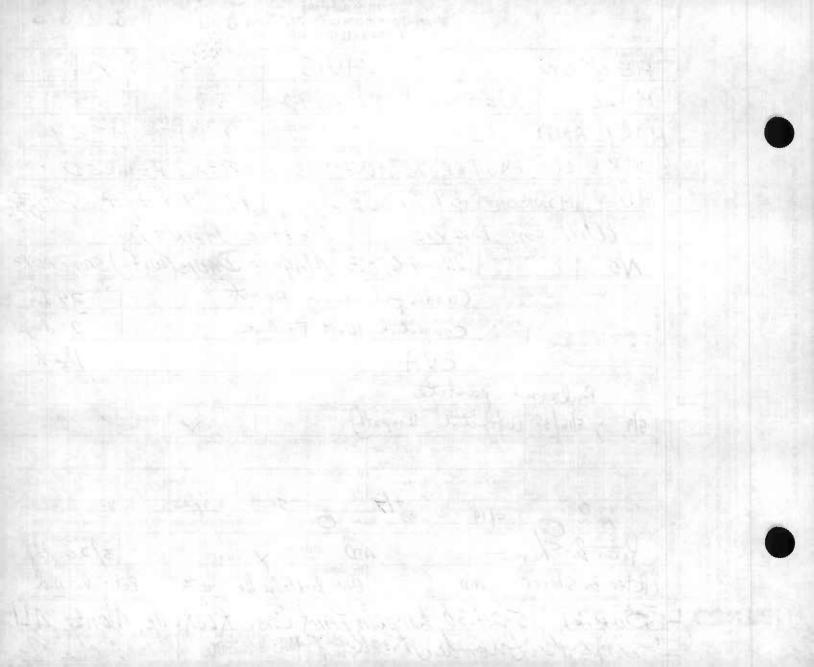
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y the hospital or aff (AL DIRECTOR: After detached for use as it dot Dept. of Health or UI: If hem 21 is marken		220. I certify that (1) (this hospital) attended the deceased from 1970 19 to 520 1950, that sow the deceased alive an obove. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
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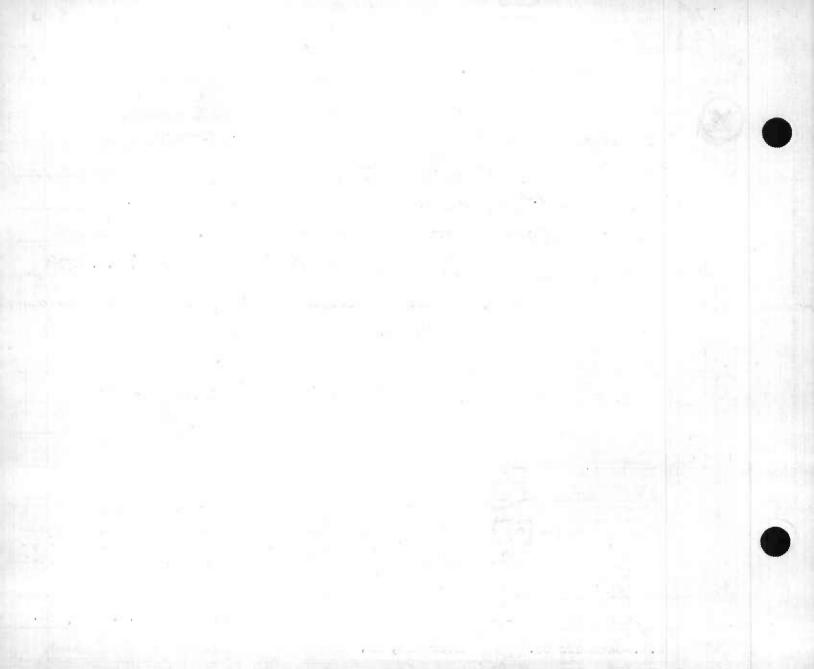
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riMORE, re be exect an and co Pages 1. t, the me	1	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 2/6/14	URITY NO 17 INFORMANT, 16753 MAGGI	e DAVIS	wife SAME AS 13
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AL DIR tached te Depti		226 SIGNATURE	Herer	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	122. DATE SIGNED NO 5/20/30
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STATE OF MARYLAND



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CERTIFICATION	9a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	20h IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED OF DEATH?
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR		- 9		
1 1 1	WHILE NOT AT WORK	WHILE	21e PLACE (LAT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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Wash., D.C. Joseph Gawler 24. FUNERAL DIRECTOR Wisc. Ave. N.W.

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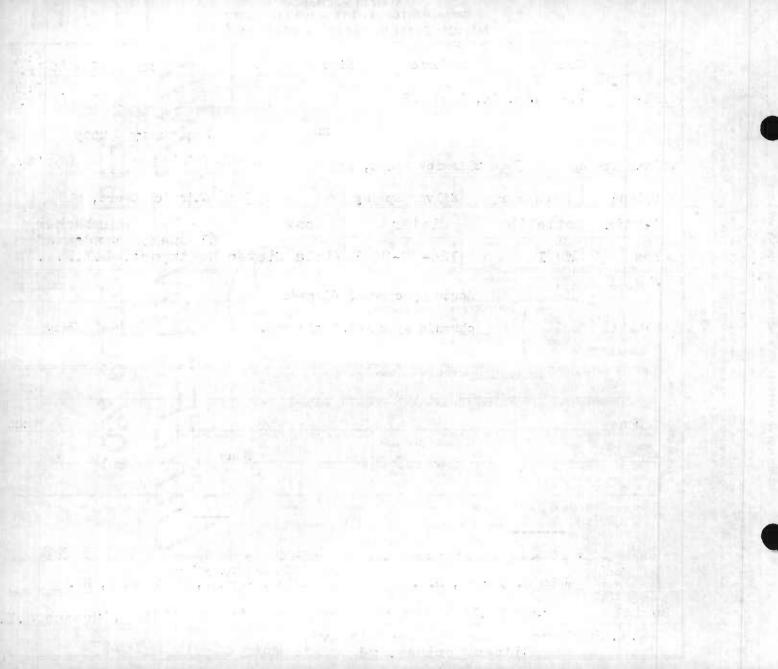
AT PERCORE ATT. T. N., Naib., D. C. Engla JUNI. 1880, or T. M.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN K 2b. HOUR (TYPE OR PRINT) ESTI-1980 iamon DEATH MATED 3 SEX 4. RACE DATE OF BIR IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH 2 1 ST AIRTHDAY) PRONOUNCED male white 25 1980 DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (SIATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Pennsylvania MARRIED NEVER MARRIED USA Montriomer WIDOWED -DIVORCED BE FILED, W 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126. KUND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Business Accountant RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Montgomery ROCK VI 19WN 13d. INSIDE CITY LIMITS? 13.2509 Bauer Dr. Apt. #2 NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Madeline OF VIT Diamond Rolly James Laurel, Marylan 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PAGES (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 230 54 4486 James H. Daimond 19 Meadow Lane DIVISIO ves 197 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL R ALONG VISIT PERMIT.
HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Insufficiency Acute IMMEDIATE CAUSE (a) tengive. Cardin Vascular Disease Conditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the underlying cause last OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A ALTH A CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO X BE 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREFT, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE 21201 SHOULD BE ... 22a. I certify that I toak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE C
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TO FUNERAL C
AFTER DEATH,
BALTIMORE, MA DEATH, AORE, MA SIGNATURE MEDICAL EXAMINER Old Georgetown Road Bethesda, Md. John G. Ball EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Metropolitan Crematory Alexandria, "Virginia" 5/27/80 BP 24 FUNERAL DIRECTOR TYSON Wheeler Funeral Home, Inc. | 250. Date REC'D. BY REGISTRAR | 250. REGISTRAR'S SIGNATURE **DHMH-17** 1331 Rockville Pike "Rockville, Maryland (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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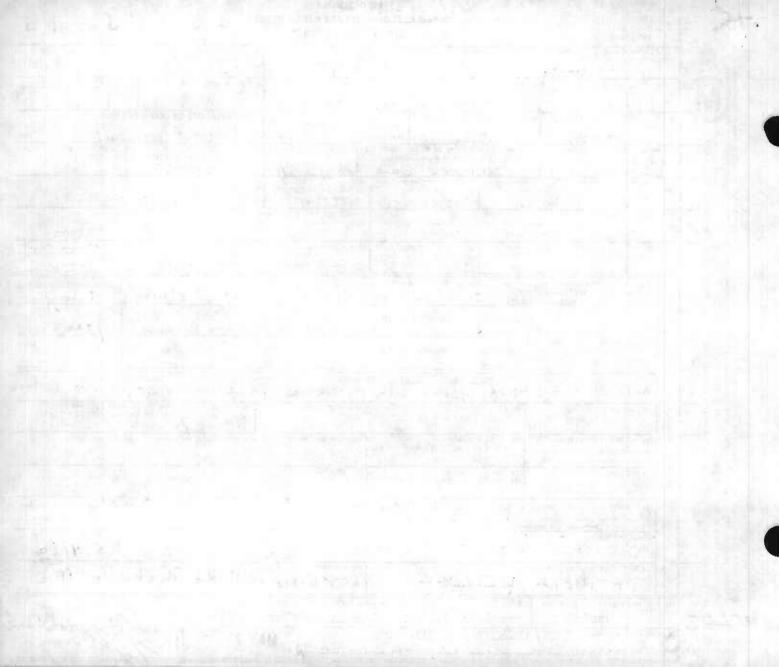
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) Charles Frederick Dieter DEATH MATED 5/12 19 80 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX DATE PRONOUNCED 26, 1893 White 86 19 80 Male Sep. DEAD 75 CITIZEN OF WHAT COUNTRY? TO RIPTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA WIDOWED KK DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 3406 Chiswick Court, #1B Silver Spring USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 3406 Chiswick Court. #1B NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Martin Gotte Tibe Rosa Ambacher Dieter 61 Samken Meadow Rd 16h SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO, OR UNKNOWN) 126-30-9551 Viola Dieter Northport. L.I.N.Y. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. Years gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES None NO XX 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Notural couses X death resulted from: Undetermined monner TITLE (SPECIFY) 5/13/80 AFTER DEATH, Deputy MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers. M.D. ADDRESS Silver Spring, Montgomery, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY etery Middle Village, Queens. N. Y Burial May 16.1980 Lutheran Cemetery 24 FUNERAL DIRECTOR Ambers **DHMH - 17** ADDRESS 8655 Georgia Ave (VR A15 ME (5)) Silver Springs 30M 7/73



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within a happy to other days physician. The this certificate has been signed by the attending physician and completely fitted in the strength of the buriol-transit permit. Then please remove corbanappers Pages 1 and 2 thank be fill the and Mental Hygiene prior to buriol, cremation, or removal	or other troumotic event, th		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUEN	ICE OF	lung (rest Concer		APPROXIMAT BET WEEN ONSI	ET AND DEATH
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Che he	H Hen		226 SIGNATURE	0.7		DEGREE	ATTENDING A	MEDICAL STA	FF CIANI	22c. DATE SIG	NED
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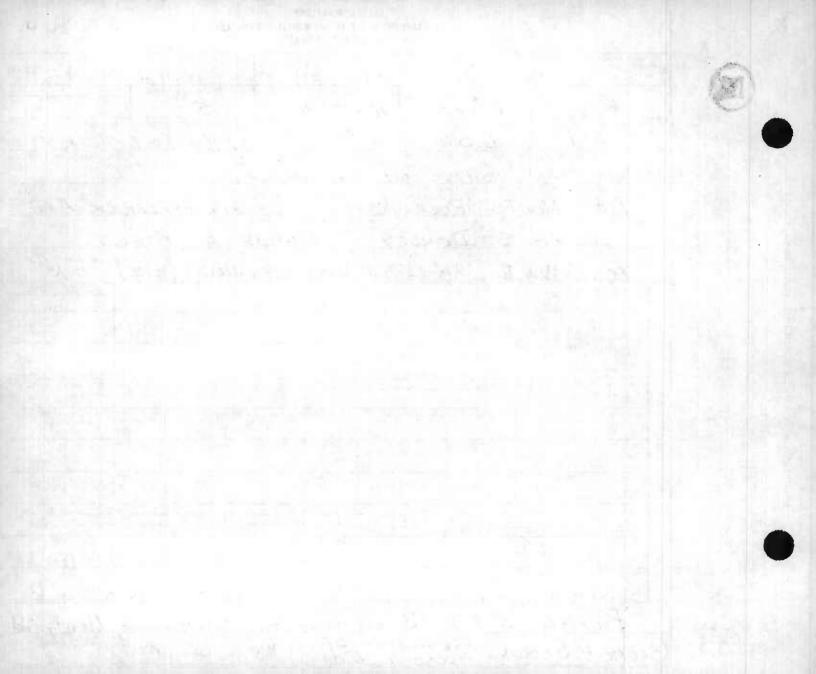
STATE OF MARYLA
DEPARTMENT OF HEALTH AND N

ND MENTAL HYGIENE

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	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	1 SE	FIIS Worth	TRANK	DONSE!	AGE (IN YEARS LAST BIR	44 1980 21 M
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medicol		NAS DECEASED EVER IN U.S. ARM YES, NO ODUNKNOWN) (15. YES, GIVE V	MED FORCES? 166 SOCIAL SECTION AR OR DATES) 218-05	17. INFORMANT 1-7500 MARY Elle	N Dorsey 1	wife) SAME AS
nt. the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for ial, ibl, or BY.		0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ows ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VS} \(\text{NO} \)
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morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	WN COUNTY STATE
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T. H Hera		27h SIGNATURE	3	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
MPORTANT		224 PHYSICIAN'S NAME (TYPE OR I	410	22e ADDRESS	A	T 0 1
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	23a. I	BURIAL CREMATION, REMOVAL SPECIFY) BURIAL	5-8-80 E	ROOKE GYOVE CENTERY	23d LOCATION CITY OR TOWN	USVILLE LLOWER MA
76	24 5	UNERAL DIRECTOR	2460 Also		ATE REC'D. BY REGISTRAR	25b. REGISTARY
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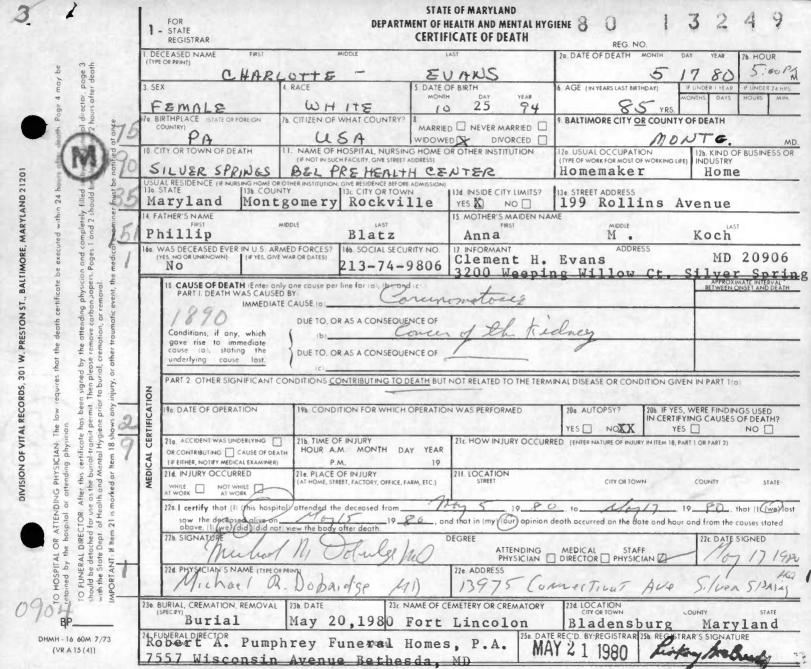


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST 1. DECEASED NAME O. DATE KNOWN DO (TYPE OR PRINT) OF ESTI-1980 Arlena DEATH MATED E Drummond 4 RACE 6. AGE IN YEARS IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF UNDER 24 HRS 24. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED F 20 30 DEAD N 50 1980 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. USA WIDOWEDX DIVORCED Montgomery FILED 301 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Bethesda Suburban Hospital RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1131 COUNTY 13a. STATE Balto. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4009 Wilsby Ave. Md. YES NO [AL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE DIVISION OF VI James Wall Savoy Roberta Scroggins 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-20-8992 No 2035 E. 32nd St. Ivan Drummond CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OR REMOVAL rolio-Vascular Disease. Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. SED AS A BURIN HEALTH AND A CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION USED 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF STATE DEPARTMENT OF 21201 PRIOR TO BURIAL, YES 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P ATTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 Inspection 🔀 220. I certify that I toak charge af the remains described above, held an Autopsy and in my opinion death resulted fram: Natural causes Hamicide ____ Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE SPECIFY) Baltimore Md. 5/30/80 Woodlawn Cem. Burial 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5)) 1101 E. North Ave C March F/H 15M 7/77

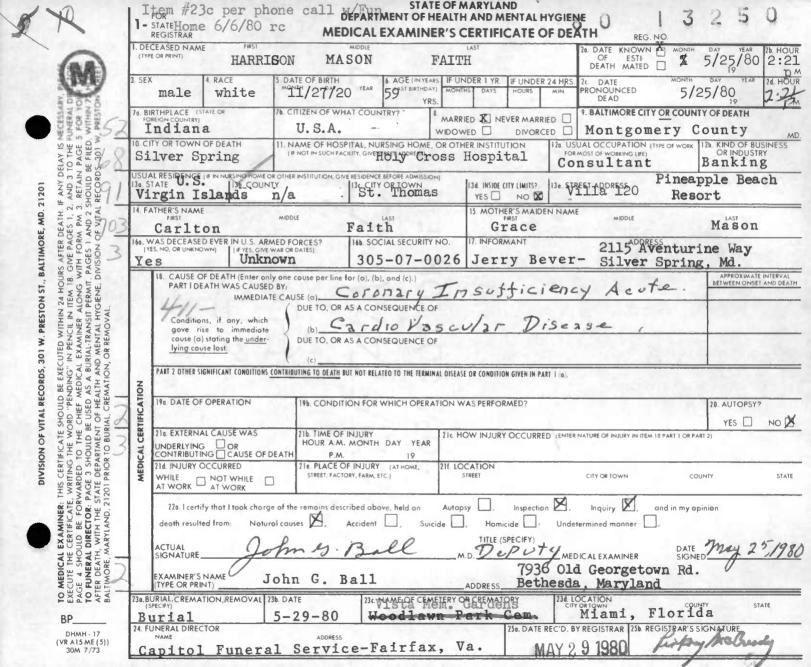
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST KNOWN W 20. DATE (TYPE OR PRINT) OF DEATH MATED Eugene Famigliett: DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHD AV PRONOUNCED DEAD White 5-07-32 48 1980 7a BIRTHPLACE LE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Montgomery WIDOWED DIVORCED D CITY OR TOWN OF DEATH OR INDUSTRY PV . 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Editor Ind. (Army Tim Bethesda Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13e. STREET ADDRESS 136. COUNTY 13c CITY OR TOWN 134 INCIDE CITY LIMITS Md. Mont. Bethesda 9519 Old Georgetown Road YES NO [VITAL 14 FATHER'S NAME PM S 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Famiglietti Roberto Eugene Lenora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Yes 577-52-7462 Korean Patricia Famiglietti. Wife. Same as item 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Insufficency IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIAL YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinian death resulted from: Notural causes Suicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, BALTIMORE, MA ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John G. Ball. M.D. 7936 Old Georgetown Rd., Bethesda, Md. TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial St. Mary's Cemetery Washington, D. . 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 5130 Wisc. Ave., N.W. Wash., D.C. 15M 7/77

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232 CARROLL STREET, N.W. WASHINGTON, D.C.

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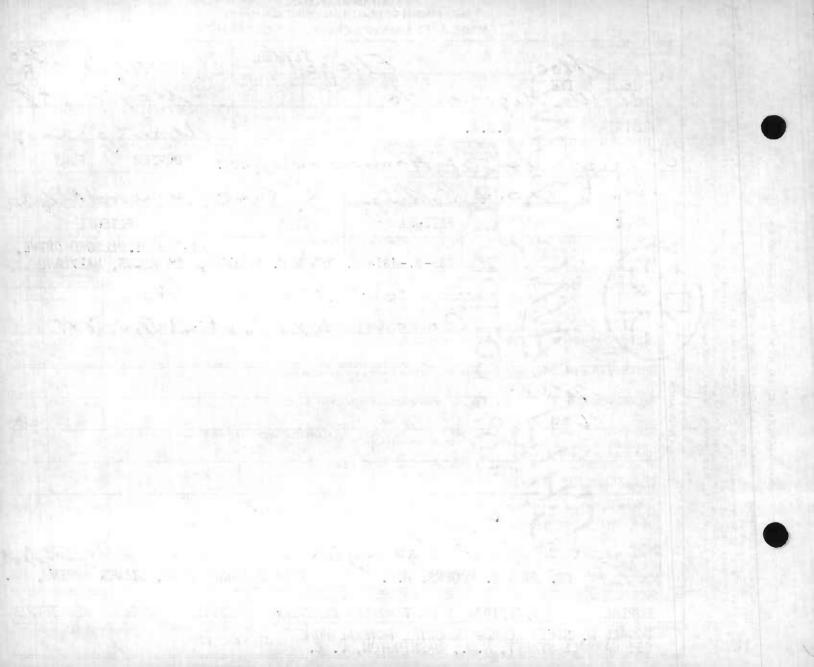
199-10-3010 ANNAD 1. FASELBAUS, SILUES SHEED, MERELLA 10 TREVISE, BUCK OVIV., BEARS BERTAL 5/25/10/20 'MANALO M. STEIN MEGRET NI KOXIAL TÜNETAL HENE 251 CARRAL STREET, M.M., MASHINGTON, D.C.L

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Gawlers Funeral Home Wisconsin Ave. Wash., D.C

(VRA 15, 4) 1/79

THE TANK OF VANCES P. Marie L. · /100



STATE OF MARYLAND BEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO 28 DATE OF DEATH MONTH 26 HOUR

C. Fo1tz May 22, 1980

DECEASED NAME William

INDUSTRY Aircraft

17424 Astoria Lane

Propes Lane

6:45AM

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ERM RATION. + Derposis

O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 MLON

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

and that in (my) our) apinion death occurred on the date and hour and from the cause status

STATE

24 FUNERAL DIRECTOR

FOR - STATE

TYPE OR PRINT)

REGISTRAR

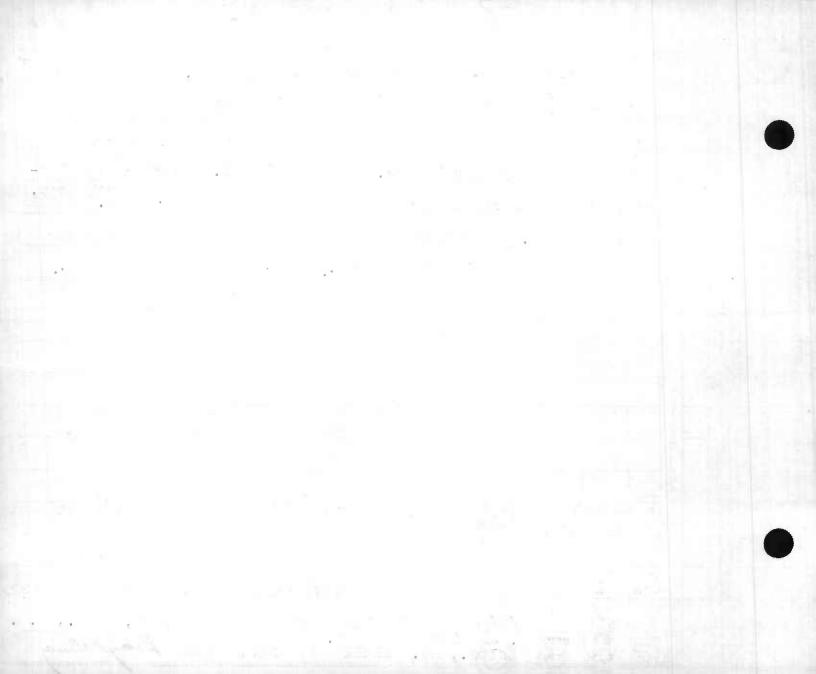
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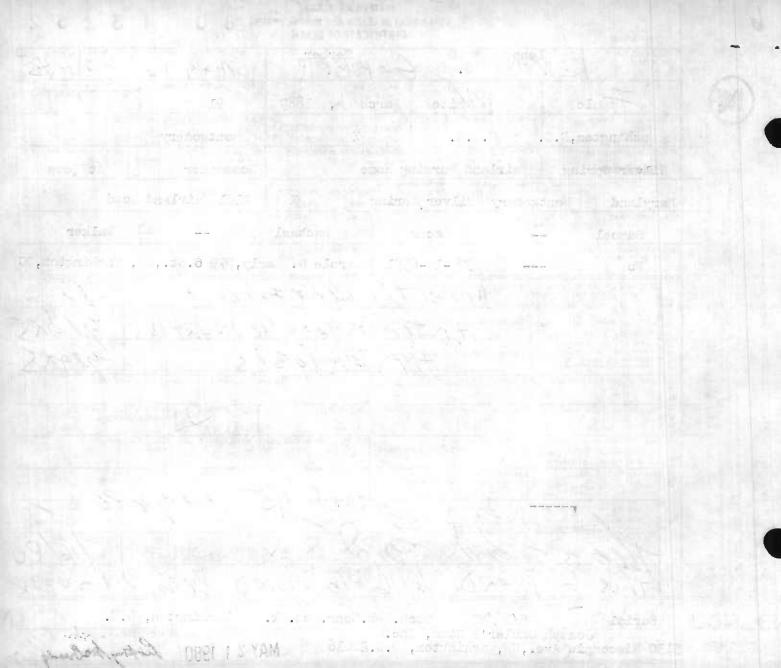
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN ★ MONTH DAY YEAR	2b. HOU
(TYPE OR PRINT)	0.15
Rache B. George 5 20 19 80. 3. SEX 14. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS) IF DINDER 1 YR. IF UNDER 24 HRS 26. DATE MONTH PAY YEAR	2d. HOL
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	
female white 2 18 97 83 yrs. DEAD 5 29 19 86	9:45
FOREIGN COUNTRY) MARRIED NEVER MARRIED	
Virginia U.S.A. WIDOWED Montgomery III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BU	A
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTI	
Silver Spring Holy Cross Hospital Housewife Home	
SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 133. INSIDE (ITY LIMITS? 134. STREET ADDRESS	
Md. Montgomery Wheaton YES X NO 11603 Galt Ave.	
9 TO SOLE IN FATHER'S NAME FIRST MIDDLE LAST PRIST MIDDLE LAST	
FIRST MIDDLE LAST FIRST MIDDLE SAME SOCIAL SECURITY NO. 17. INFORMANT (P ADDRESS 11510 G. 1	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (195, NO, OR UNKNOWN) (18 VES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) ADDRESS 11512 Galt A	1770
	1902
No None 5/8-54-9705T Dorothy G. Davis Wheaton, Md. 20	
APPROXIMATIONSE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATIONSE	AND DEA
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196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY: YES 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. AUTOPSY: YES 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	2
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
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STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK	SIAII
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22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Inquiry ond in my opinion	
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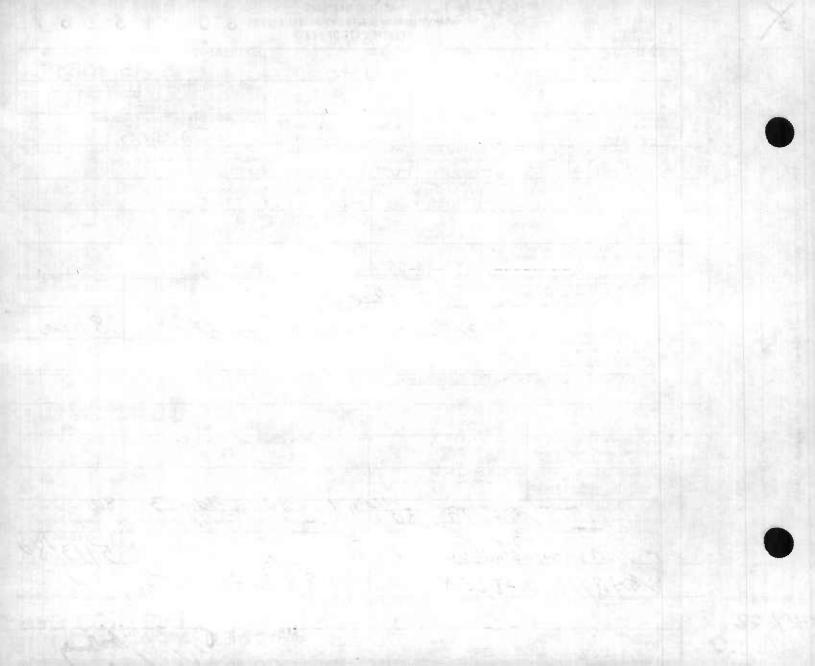


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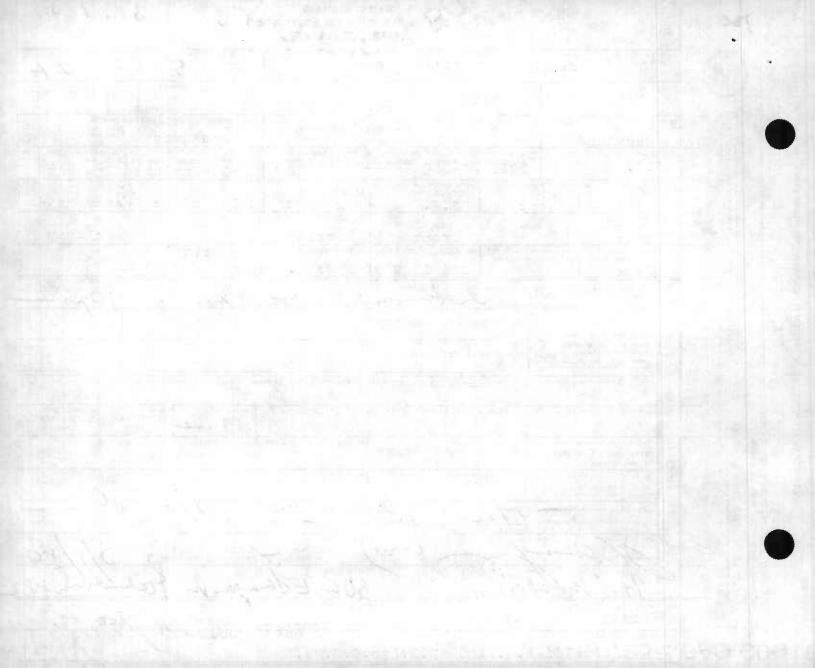
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	10		Jermany JTY OR TOWN OF DEATH	U.S.A	WIDOW			OMER		BUSINESS
	7/	6	L. Charles	O (IF NOT IN SUCH FACILITY, GA		1	17e USUAL OCCUPA (TYPE OF WORK FOR MOST			
	10	USU	AL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION CIVE RESIDEN	HO:	spital	Housewi	ie	Own I	dome
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0 4 0			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o),	(b), and (c).)	(BETWEEN OF	NATE INTERVAL
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vs an	_	ATK	1% DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES.	WERE FINDING	GS USED
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5		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
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		1	SPECIFY)	5-15-80			em Washin		D.C.	STATE
_		24 F	Burial UNERAL DIRECTOR			E 1/F/0			AR'S SIGNATU	RE
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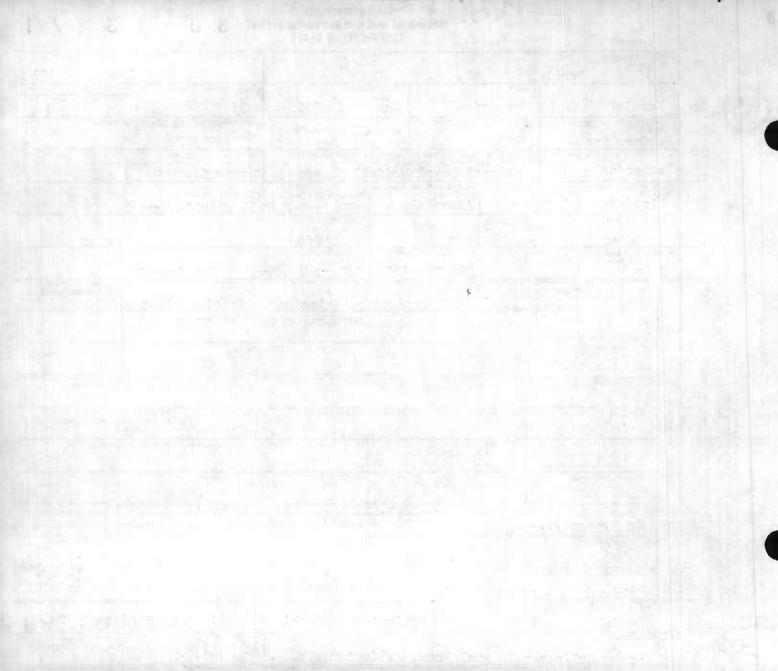
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	RY, PEAA DIRECTO DUR FILE 72 HOVE	3. SEX	4. RACE White	5. DATE OF BIRTH MONTH DAY Aug. 30	YEAR 6. AGE (IN YEAR LAST BIRTHE	DAY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUN DEAD	ICED	-11 - 1980	Id. HOUR
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E, MD.	PEATH.	14. FATHER'S	T	ps Graham	LAST		15. MOTHER'S MAIDE FIRST Rober	M	ADDLE -	Johnston	
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SIBA	HOURS M 18. G NG WII RMIT. PA		USE OF DEATH (Enter o	ED BY.	far (a), (b), and (c).)	17	Fauma-	N. LVI SI		APPROXIMATE IN BETWEEN ONSET A	ND DEATH
W. PRESTON ST.,	D WITHIN 24 ENCIL IN ITE MINER ALO TRANSIT PE ENTAL HYGIE REMOVAL.	9	anditions, if any, which ove rise to immediate suse (a) stating the <u>under</u>	b DUE TO, OR	AS A CONSEQUENCE	Acci	clant.				
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DER	CERTIFICATE SHOUSE THE CAPE TO THE CAPE 3 SHOULD BE LO DEPARTMENT O PRIOR TO BURAL	S CONT	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF JURY OCCURRED	DEATH 2 25	MONTH DAY YEA 5- // 1980 DE INJURY (AT HOME.	s in	Section Co	er strug	k-in Ras	1 by Van-	•
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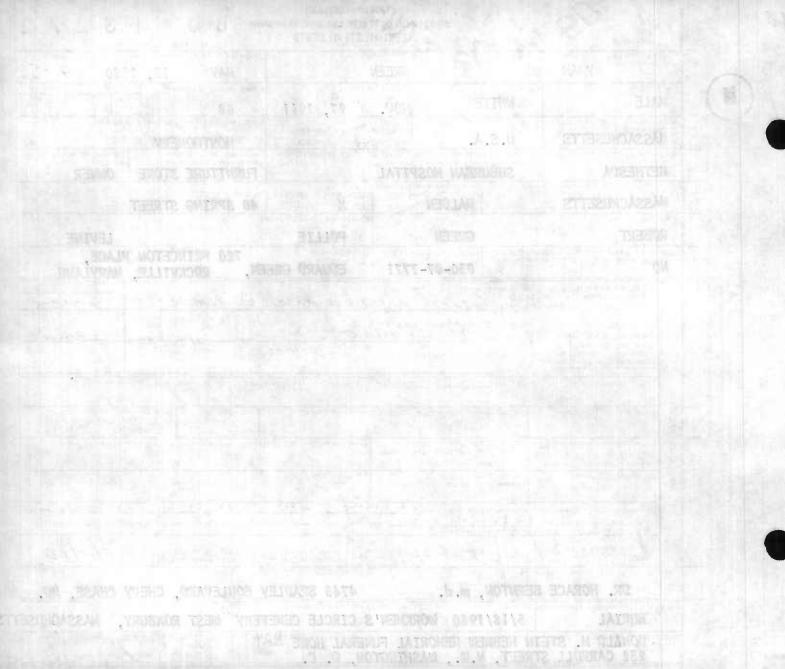
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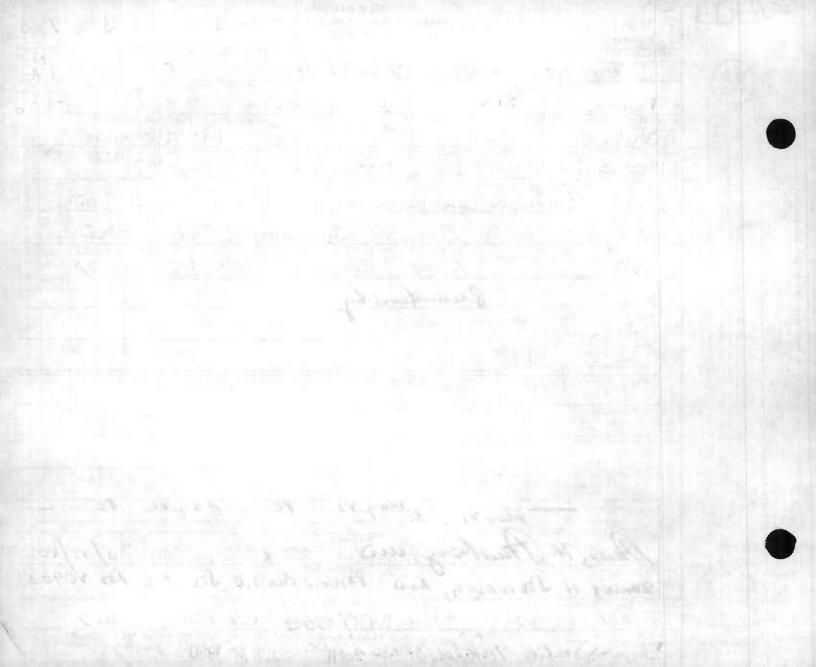
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and		WAS DECEASED EVER IN U.S.			SECURITY NO	17 INFORMANT	ADDRE		
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ven		18 CAUSE OF DEATH (Enter	anly one cause p	ling for (a), (b	i, and (ci.)			BETY	WEEN ONSEL AND DEATH
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ANT: If Item		The Signature .	1 W.)	Herine	ther?		MEDICAL STAI DIRECTOR PHYSIC	F .	DATE SIGNED BY 14,1980
IMPORTANT		Michael W.	Meriweth			National Nav	al Medical	Center, Be	thesda,Md
_	23a	BURIAL, CREMATION, REMOV SPECKY) Burial	May 1	6,1980		emetery or crematory on National	Arlingto	n Arlingto	on Va.
6 25M 4) 1/79		Murphy Arlin	gton Fune	ADDRES	me, Arli	ngton, Va.	TE REC'D. BY REGISTRAR MAY 1 9 1980	256. REGISTRAN'S SIC	SHATURE



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	- 1			STATE OF MARYLAND		
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(A)	- [I DECEASED NAME PRIST (TYPE OR PRINT) THY IS HT	LASHELLE	GREENE (WILL	AMS	5 21 80 9 AA
ouce.		Female	1 RACE BIK	5. DATE OF BIRTH MONTH DAY YEAR 5 2 80	6. AGE JIN YEARS LAST BIRT	YRS. MONTHS DAYS HOURS MIN
the funeral di within 72 hou be notified at	35	Natyland	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mor	R COUNTY OF DEATH
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y filled suld be	35	130 STATE ISDICOUNT	TO THER INSTITUTION EIVE RESIDENCE BEFORE TO THE CONTROL OF TO THE CONTROL OF THE	WN 134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	Swiss Gap
completely and 2 shumedical exe	0		MIDDLE WILLIAM MED FORCES? 166 SOCIAL SEC	MS JACQUE	MIDDLE	. Greene
cian and s. Pages 1 sl.	2	(IF YES, GIV	E WAR OR DATES) NO Au Ally one cause per lyng for (a), (b), a	E JACQUELINE	GREENE 11	alber metimore, mo
n signed by the attending pland plan		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c)		NAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
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RECTOR for use a t. of Heal		saw the deceased alive on abave, (1) (we) (did) (did no	when V 1996 to view the bady ofter death.	ond that in (my) (our) opinion d	eath occurred on the de	19 0, that (I) (wa) lost one ond hour and from the causes stated
ERAL DIF ERAL DIF detached State Dep	_	22b. STATURE	Tuntery	DEGREE ATTENDING PHYSICIAN 1228 ADDRESS	MEDICAL STAI	PER DATE SIGNED
retained by Inc TO FUNERAL should be deta with the State IMPORTANT:	4	STANLEY H.	PRETNEERS, A	C.D. 831UNIV.BLV	D., E., SIC.	SPB., MD. 20903
BP		230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	3-24-80 L	NAME OF CEMETERY OF CREMATORY	SULT- PAKE	
DHMH-16 25M VRA 15, 4) 1/7	1	24 FUNERAL DIRECTOR	105 1/6 Kanadi	1100	REC'D. BY REGISTRAR	25ti. REGISTRAR'S SIGNATURE



24. FUNERAL DIRECTOR Francis J. Collins

500 University Blvd., W. Silver Spring. Md.

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

126 KIND OF BUSINES TYPE OF WORK FOR MOST OF WORKING LIFE) Theaters 3234 Spartan Road Apt. 74 Lee same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY STATE and that in (my)"(arr) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED 6- EDR 6/A AVE, SILVER SPRING, MO COUNTY Rrontwood

26 HOUR

DAYS

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	Tor STATE REGISTRAR			HEALTH AND MENTAL HYO	GIENE 8 0	3 2	1 6
	DECEASED NAME TYPE OR PRINT) Carl	FIRST	Gustat	iasi	prof.	MONTH DAY YEAR 5-21-80	26 HOUR
3	SEX	1 RACE	5 DATE (OF BIRTH H DAY YEAR 9 4	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
69 70	BIRTHPLACE (STATE OR FORE COUNTRY) NEW YORK	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY O Montgom	R COUNTY OF DEATH	٨
7/	Takoma Par	ALE NOT IN SU	HOSPITAL, NURSING HOME (ICH FACILITY, GIVE STREET ADDRESS) Ston Adventist		(TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY	of Business of factory
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9 9 9	gove rise to immer couse 10°, stating underlying couse PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL! AT WORK AT WORK 220 I certify that (I) (the sown the deceased)	diate the DUE TO, Co lost (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OPERIBUTING TO DEATH BUT TO FUM ON IA DITION FOR WHICH OPERATION DE INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from The Control of t	21c. HOW INJURY OCCUR 211. LOCATION STREET 19.79 nd that in (my) (aux) apinion DEGREE	200 AUTOPSY? YES NO CONTROL NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES RY IN ITEM 18. PART 1 OR PART 2) VN COUNTY 19 20 21 20 21 20 21 21 21 21 21 21 21 21 21 21 21 21 21	STATE that (1) (we) lose couses stated

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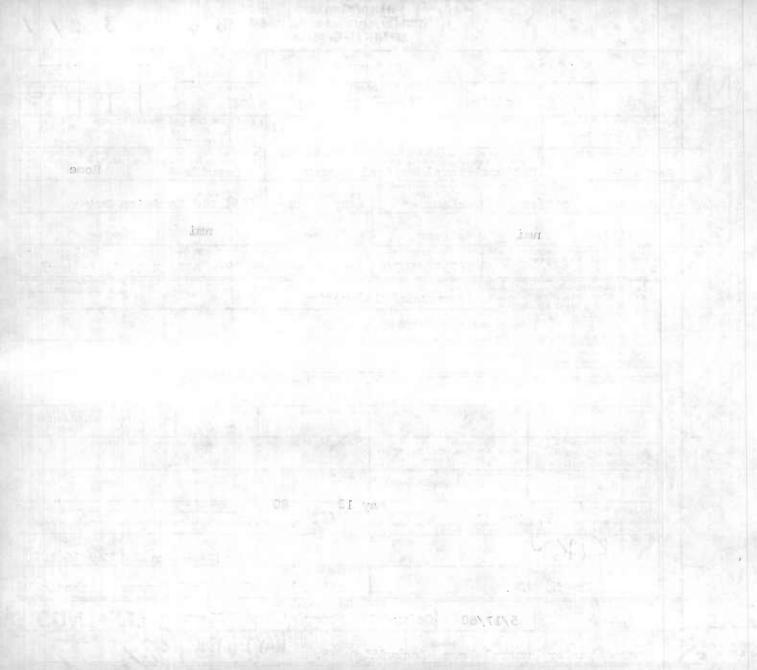
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oneidson Funeral Home, Laurni, maryland August 190

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 0	D.	3	277
8		CEASED NAME FIRST	lorence	MIDDLE		ERDON	70 DATE OF DEATH		1980	26 HOUR 1052P
19	3 SE	x Female	RACE Caucasi	ian	5 DATE (6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
¥75		RTHPLACE ISTATE OR FOREIGN COUNTRY)	16 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Montgomery	R COUNTY C	FDEATH	MI
or 27	Ве	ethesda	Nationa	ch Facility, GIVE STREET 1 Naval 1	ADDRESS) Medic	al Center	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	ON	INDUSTRY	OF BUSINESS OR
23	USU 13a V:	AL RESIDENCE (IF NURSING HOME COUNTY COUNTY FAIR		136 CITY OR TOW McLean	E ADMISSION) 'N	134. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 6251 Old I	ominio	n Dri	ve
28	14 F/	THER'S NAME William	nmi.	Heffner		15 MOTHER'S MAIDEN NAME MAY	ne imi	S	nyder	ST
3 the me	1	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? VE WAR OR DATES)	247 78		Mrs. Joan Ke	ern, Box 432			lley, Pa enter/
shows any injury, or other	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	206. IF YES, 1	WERE FINDS	
	ERTIF	21g. ACCIDENT WAS UNDERLYING	71b. TIME C			21c HOW INJURY OCCURR	YES X NO	YES	X	NO [
marked or Item	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IF Y MEDICAL EXAMINE) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A P. 21e PLACE	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TOV	VM	COUNTY	STATE
VT: If Item 21 is		220 I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (d/dh 22b. SIGNATURE	3.6	1 2	80	ay 13 19 80 nd that in (m) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF =	22c. DATE	that (1) (we) loss couses stoted E SIGNED
IMPORTANT	23a.	224 PHYSICIAN'S NAME (TYPE (Krogh,	M.D.	23c N	NAME OF C	720 ADDRESS National Na	1234 LOCATION			thesda,M
	L	Burial	5/17	/80 Ce	dar H	ill Memorial F	Park Allento		high	PA STATE
5 25M 4) 1/79	74.F	UNERAL DIRECTOR NAME Typon Wheeler	Funeral	HOMO RO	ockwi'	M.A	Y 1 9 1980	238. REGISTR	A SHALL	Hisoly



1 - STATE	E STRAR			AND MENTAL HYC	0 0	3 2 7
	ED NAME FIRST	ELLIOTT	HAT.I.	LAST	20. DATE KNOWNED MON OF ESTI- DEATH MATED 5	TH DAY YEAR 11 19 80
3. SEX ma	le black	5. DATE OF BIRTH MONTH DAY YEAR 8-23-49		DER 1 YR. IF UNDER 24		H DAY YEAR
5 FOREIGN	PLACE (STATE OR COUNTRY) Md. R TOWN OF DEATH	U.S.A.	WIDOW		Montgomery	County
70 Betl	hesda	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST Surban Hospita ROTHER INSTITUTION, GIVE RESIDENCE	REET ADDRESS)	ER INSTITUTION 12	G. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Unemployed	OR INDUSTRY
5 130 STATE	Md. 136. COUNT	Montg. Tako			711 Hudson Ave	•
16g, WAS D	Charles N. DECEASED EVER IN U.S. ARM	Hall, Sr.	IAL SECURITY NO.	15. MOTHER'S MAIDEN I FIRST Margie 17. INFORMANT		LAST
18.0	CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b),			(wife) same as #	APPROXIMATE II
ON OR REWO	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . 2 OTHER SIGNIFICANT CONDITIONS C	(b) DUE TO, OR AS A CONS (c) CONTRIRUTING TO DEATH BUT NOT RELAT		OR CONDITION GIVEN IN PART 1	· (a),	
MEDICAL CERTIFICATION (NICK)	DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION W	AS PERFORMED?		20. AUTOPSY?
EDICAL CON	EXTERNAL CAUSE WAS DERLYING TO AUTHOR VIRIBUTING CAUSE OF D INJURY OCCURRED IILE NOT WHILE TO AUTHOR WORK AT WORK	21e. PLACE OF INJURY STREET, FACTORY, FARM 5T	11 1980 S1 (AT HOME, 21f. LOC	ow injury occurred oubject shot CATION TREET 1 Hudson Ave	enter nature of injury in item 18 part 1 o city or town Takoma	
2 dea	220. I certify that I took charge oth resulted from Nature	e of the remains described above	Suicide M	Hamicide XX TITLE (SPECIFY) DDeputy Chie		
Z3a.BURIAL (SPECIFY)	CREMATION, REMOVAL 23 Burial		M.D. AME OF CEMETERY O enezer Ceme	etery	Centerville, Fr	county sta
Geor	ge R. Snowder	246mH. Wasi Rockville,	nington Str Md. 20850	reet 250. DATE REC	'D. BY REGISTRAR 25b. REGISTRAR	S SIGNATURE

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		FOR		DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE (1 7	280
-		STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH	REG. NO.	200
5		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KN		DAY YEAR 26. HOUR
	(111	Me	1	N.	Hall	OF E	ATED 14 5	26 1080 24 M
3	. SEX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY		R 24 HRS. 2c. DATE	HTMOM	DAY YEAR 2d. HOUR
A.		EMALE WHITE	APRIL :	3. 1911 69 YRS		MIN. PRONOUNCE DEAD	May	26 1980 3 AM
鉄		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	MARRIED XXIEVER MARI	RIED 9. BALTIMOR	ECITY OR COUNT	Y OF DEATH
1		NEW JERSEY	U.S.	4.	WIDOWED DIVOR	_ 1	Nontgon	nei"/ MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,	4 .	12a. USUAL OCCUPAT	ON (TYPE OF WORK	26. KIND OF BUSINESS OR INDUSTRY
9		Wheeton		Blue Fidg	e AVE	DRY (CLEANING E	BUSINESS
	13a. S		ΓY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
9			BOMERY	WHEATON	YES X NO		JERIDGE AL	PENUE
50	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	MIDDI	E CTAN	ANTÔNIO
26	14 14	DOMINIO	SAMPOGNA	Tur cocur escueix	ANNA NO. 17. INFORMANT	М.		ANTONIO
1	106 V		WAR OR DATES)	166. SOCIAL SECURITY			ADDRESS	4.0
		NO I		225-05-0915	WILLIAM	E. HALL	SAME AS	
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one cause per line BY;	for (a), (b), and (c).)	- + · · · ·			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		110 IMMEDIAT	E CAUSE (a)		natosis			
NA.		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE OF	4 014 -			
KEMOVAL		gove rise to immediate	(b)	Carrinom	s. of Uteru	3		
		couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF				
		DARK A CAMPA CICALIFICANT CONCURRENCE	(c)					The State of
-	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	ONIKIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN.	AL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).		
7	CATI	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY?
34	TE		- Contract					YES NO NO
2	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	INJURY MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	(2)
1	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		. 19				
	AEDI	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (ATHOME, ORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	cou	NTY STATE
	2	AT WORK AT WORK)	and the state of t	ones.	Citi Ok IOWN	000	STATE
		22a. I certify that I taak charg	of the remains des	cribed above, held an	Autopsy , Inspection	on Z, Inquiry 2	ond in my opi	nion
			al couses 🖄,	Accident , Suici		Undetermined mann		
			0 -		TITLE (SPECIFY)			4. 4.44
		ACTUAL SIGNATURE	ohn s.	Ball	M.D. D. Poti	MEDICAL EXAMIN	DATE ER SIGNER	Mzy 26/980
					-	THE PART ENGINEE	310/466	
04	-	EXAMINER'S NAME (TYPE OR PRINT) JOHN	G. BALL		ADDRESSBET	HESDA, MARY	LAND	
	23a.Bl	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	TY STATE
		BURIAL	5/29/8	O GATE OF H	IEAVEN	SILVER S		MONT MD.
	24. FI	NERAL DIRECTO RANCIS	J. COLLI	NS	25e. DATE	REC'D. BY REGISTRAR	256. REGISTAR'S SI	GNATURE
	5	00 UNIV. BLVD W	SILVER	SPRING, MD. 2	20901 N	AAY 2 9 1980	Literal	The same of the sa

STATE OF MARYLAND

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	SELF	Name of the same	of white	

24 FOUNTALD ON STEIN HEBREW MEMORIAL FUNERAL HOME

232 CARROLL STREET. N.W. WASHINGTON, D. C.

FOR

DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

HOURS

17h KIND OF BUSINESS OR

PAPER & TWINE

APPROXIMATE INTERVAL

NO [

STATE

STATE

NEW YORK

COUNTY

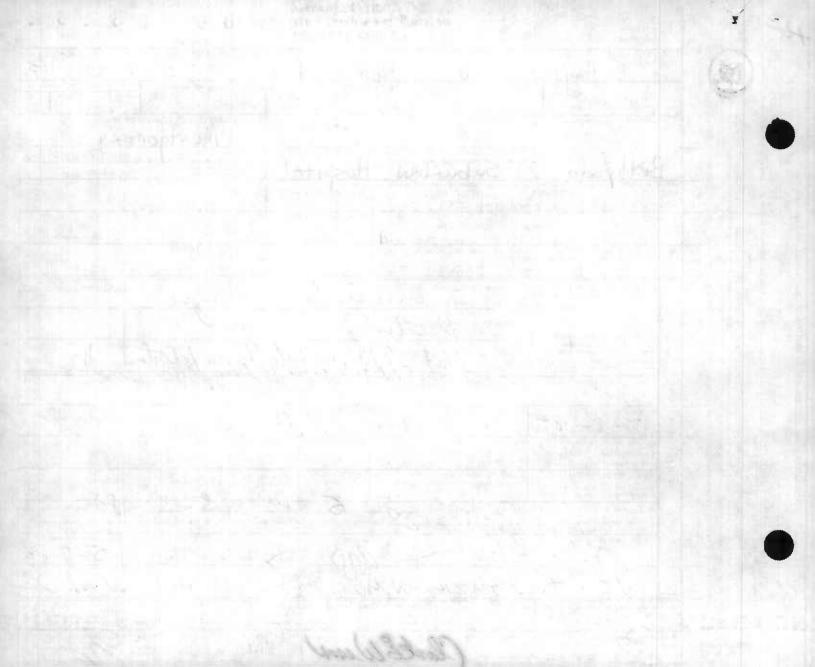
22c. DATE SIGNED

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nny 25 1980 574 THE STATE The Individual Principles of the HALPERY CLAIM CHARA 1950 BY SADA HUS. LILLIAN LENAM, Land at \$15 ME MANY MUSER, M. P. PERT MUTWERSTRY MONIEVARD, MEST, St Contol Store , M.M., Addition, P. C. C.



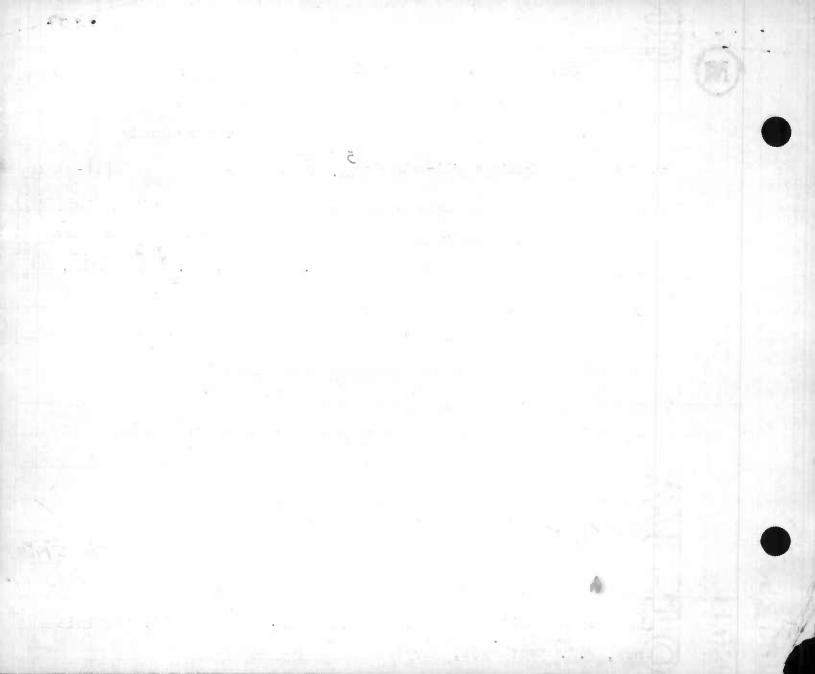
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 2a DATE OF DEATH MONTH 26. HOUR LTYPE OR PRINTS 2 3 SEX 4 RACE DATE OF BIRTH 1,893 AGE (IN YEARS LAST BIRTHOAY) IF LINDER LYEAR IF LINDER 24 MR MONTH white OAYS HOURS female XXXX Mar. 78. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED [Maryland IISA Montgomerv 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 121-KIND OF BUSINESS OR Holy Cross Hospital Hecht Co. Silver Sprin USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 130. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomer Sprin 821 Philadelphia Avenue, Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDOLE MIDDLE Giddings Eliza Hardestv M . Benjamin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Glade Drive, IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Doris Holt-niece-c 78-42-3752A no none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 101, 161 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate tal, stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? MIL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 716 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 11d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased glive on above, (I) (we) (all pick did not) view the body after death and that in (my) (asc) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL P DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 178 ADDRESS should be Cameron St., Silver Spring, 8830 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE (SPECIFY) Rock Creek Cemetery Washington, Burial 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M Ave., (VRA 15, 4) 7/7B Ga.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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Charles W. Burrier, Jr., Sykesville, Md.

FOR

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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			STATE OF MARYLA	IND
_/	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND I CERTIFICATE OF D	
M)ii		CEASED NAME FIRST OR PRINT)	SAN RUTH HAY	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 439/AM
once.	3. SE	Emale	RACE S DATE OF BIRTH MONTH DAY	YEAR YEAR
uneral di n 72 hou tiffed at	C	RTHPLACE (STATE OR FOREIGN		ORCED [/ Malgarel (tunky MD.
by the filed within ust be no	TRI	KOAA PARK	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST INFNOT IN SUCHFACILITY, GIVESTREET ADDRESS) SLIGO GARDONS WARS 'A 9	TUTION 120 USUAL OCCUPATION IN KIND OF USINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Declar Sec.
y filled in ould be fil	130. 5	Mod 136 CO	DUTG TAKORA PARK YES D	NO G Jefferson AVE.
npletely nd 2 short	14. FA	THER'S NAME FIRST Carl	MIDDLE LAST	MAIDEN NAME FIRST MIDDLE LAST TO NAME Johnson
ages 1 ar		VAS DECEASED EVER IN U.S. A		NT ADDRESS
en signed by the attending physicial. Then please remove carbon papers. It to burial, cremation, or removal Ny injury, or other traumatic event.	NO	Conditions, if ony, which gave rise to immediate cause 1al, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (c) (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
cate has been to permit. The region of prior 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	RMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
or use as the burial-transit permission of Health and Mental Hygiene of Health and result of them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY YEAR P.M. 19	JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
is the bur Ith and IV marked	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
ol Red for the sept.		22a I certify tho (I) this has sow the deceased alive of apole (I) the did (did)	nat) view the body after death. DEGREE	our) epinion death occurred an the date and hour and fram the causes stated TENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO FUNERAL (should be detact with the State D IMPORTANT: I		Davi C		er spring my Blud E.
F 5 ≥ ≤	23a F	URIAL, CREMATION, REMOVA	AL 236. DATE 23c NAME OF CEMETERY OR C	PEMATORY 1234 LOCATION
	(Removal	May 24, 80 George Wash. Me	

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Semoya May 24, 80 Cabire Wash. Med. Sch. Washington D.C

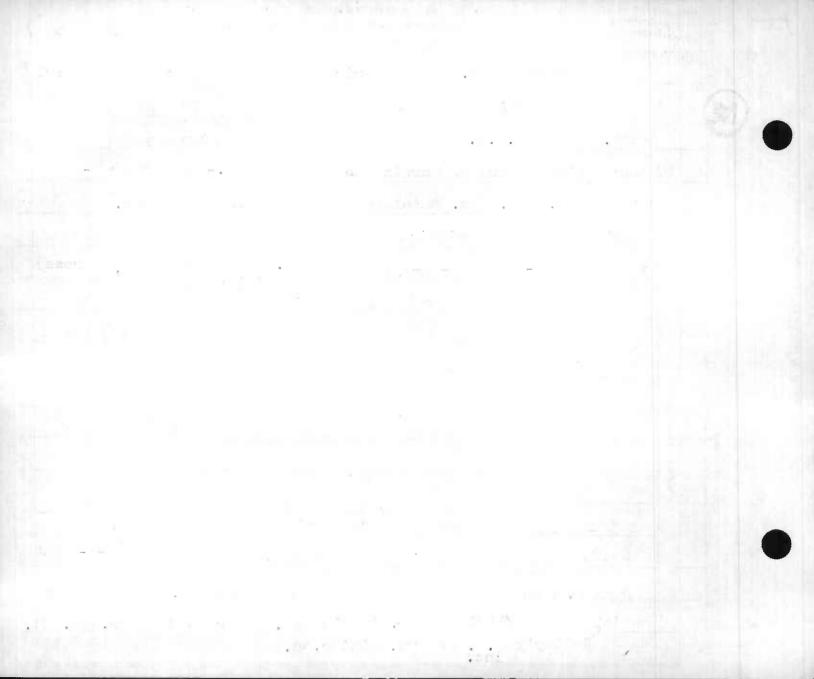
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DHMH-16 20M (VRA 15, 4) 7/7B

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2s DATE OF DEATH MONTH 26 HOUR Heinrich May 80 2:31 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAYS 07 MONTHS HOURS 10 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Montgomery WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR Ret. - Carpenter INDUSTRY Fairland Nursing Home 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3117 Varnum St. YES X 15 MOTHER'S MAIDEN NAME Ries MIDDLE Margaretha 17 INFORMANT Alice E. Heinrich (above address) (WII'e) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE Ano and that in (my) (pinion death accurred on the date and hour and from the causes stated DEGREE -9-1980 MD ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS 4404 Queensbury Rd. Riverdale Md 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Ft. Lincoln Cem. Brentwood Pr. Geo. Md. Rainier, Md. MAY 1 11 1980 REGISTRAR'S SIGNATURE M FUNERAL DIRECTOR Nalley's Inc.

STATE OF MARYLAND



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			1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 0	0.	3 2	9 1
	(M)			CEASED NAME OR PRINT)	ohn		OY		AST L11		монтн)5]	L4 80	26 HOUR 11:01p
2,	ge 4 mg ector, po rs off	13	3. SE	Male		White		S. DATE O	ust 31, 1905	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	eath. Pag neral dire	S Sonce.		RTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF U.S	.A.	? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_	Y OF DEATH	MD.
0	by the fu	Betified 6	₹0. С	Olney	ATH	11. NAME OF UF NOT IN SUI Mont	HOSPITAL, NURSI CH FACILITY, GIVE STREE GOMETY	NG HOME (T ADDRESS) Gene:	cal Hospita	12a USUAL OCCUPATION (TYPE OF WORKERS MOST O			OF BUSINESS OR
MARYLAND 21201	filled in ould be	ed 18		AL RESIDENCE (IF NUR.	ISH HOW		GIVE RESIDENCE BEFORE TO LANGE		13d INSIDE CITY LAMITS? YES NO	463I Ten	aks I	Rd. Deyt	ton Md
MARYL	npletely and 2 sh	Somme O		ther's NAME	Hil	MODIE	LAST		15. MOTHER'S MAIDEN NA late Chri		m	LA	ST
BALIIMOKE,	e execute	Medical		AS DECEASED EVER ES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	218 12	7377	Mrs Irma Hi	11 4631 TH	n Oak	cs Rd 2	21036
201 W. PRESION ST., BALTI	that the death certificate by d by the ottending physiciar ease remove carbon papers. al, cremation, ar removal.	or other troumatic event, the		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony gove rise to im- cause (o), stotir underlying couse	/AS CAUSE IMMEDIAT , which mediate ng the	D BY TE CAUSE (0) DUE TO, C	Time for (0), (b), 0 Carcino R AS A CONSEQUE R AS A CONSEQUE	JENCE OF	flung.			APPROV BETWEEN	(MAYE INTERVAL ONSET AND DEATH
VITAL RECORDS, 20	ow requires been signed rmit Then pli prior to buri	any injury, o	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE	VEN IN PART 10 ES, WERE FINDI IFYING CAUSES	INGS USED
VITAL R	N: The Inysician.	8 shows	CERTIFI	210 ACCIDENT WAS UNI	DERLYING [21b. TIME C	OF INJURY	NAV VEAD	21c HOW INJURY OCCUR	YES NO	Y	ES 🗌	NO []

YES 🗍 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

YES | NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

OR CONTRIBUTING __ CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY

21f LOCATION

and that in (my) (per) opinion death occurred on the date and hour and from the causes stated

21d. INJURY OCCURRED

CITY OR TOWN COUNTY

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

23a BURIAL, CREMATION, REMOVAL

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STATE

226. SIGNATURI

(SPEBurial

DEGREE

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED STAFF 5-14-80

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

sow the deceased alive on May to bove, (I) (we) (did) (did not) view the body after death

236 NAME OF CEMETERY OR CREMATORY Linden Linthicum 236. DATE May 15,1980

23d LOCATION Clarksville Howard

BP. 24. FUNERAL DIRECTOR

MEDICAL

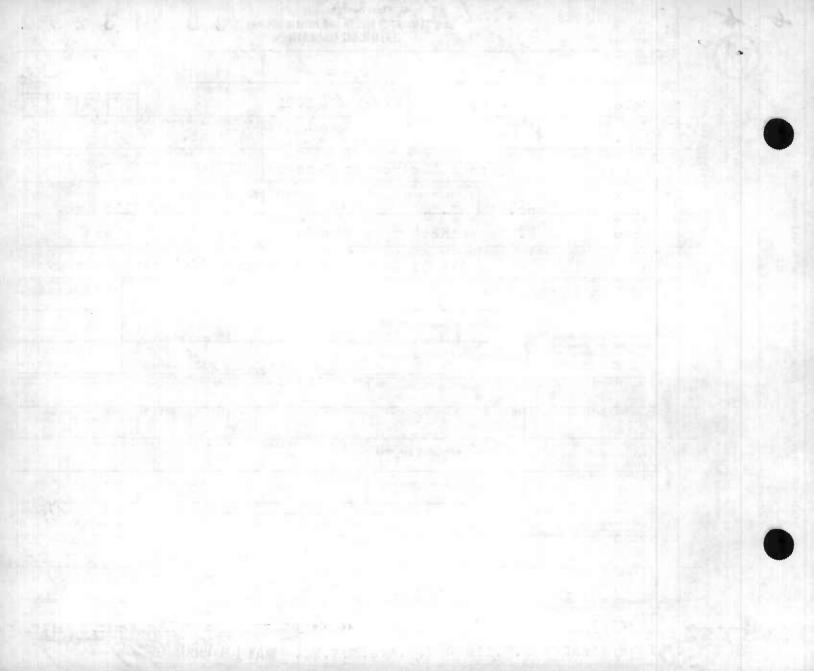
Harry H. Witzke 4112 Columbia Rd Ellicott City MA

DHMH - 16 50M 1/76 (VR A 15 (4))

morked or Item 18 shows

IMPORTANT: If Hem 21 is

the state of the s The branch off water a pi and amend the got the form



17	1	1	for item 18	E14 #G51	4 6/5/8	Oph	STATE OF	MARYLAND H AND MENTA	LUVCIEN		1 "	2 0 0	2
-	20	1-	STATE REGISTRAR					CERTIFICATE		YL U	i. NO.	> 4 7	3
- + 81	+ 6 plus		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN		DAY YEAR	2b. HOUR
Rent	- WESSE	(TY	PE OR PRINT)	Romas	>	4.	1	1/00 K Jr.		OF ESTI- DEATH MATED		_	110
6 100	建筑建	3. SE	X 4 RAC	E 5 [DATE OF BIRTH		E (IN YEARS IF U		DER 24 HRS.	2t. DATE	MONTH	DAY YEAR	R 2d. HOUR
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15/8	NEC S FUN		Washingto	-			WIDO	WED DING	ORCED	M	on to	omery	MD.
RA	오보였답는	10. C	THE TOWN OF DEA		NAME OF HOSE	PITAL, NURSING	HOME, OR OT	HER INSTITUTION			(TYPE OF WORK	12b. KIND'OF B OR INDUS	SUSINESS
	HO B H W		DEFT 1239 3		SUB	urban			Ca	ble Spli	cer	C & P	Tel.
5	ANY DEL	13a S	AL RESIDENCE (IF IN NUI	136 COUNTY Montgo	HER INSTITUTION, GIV	13c. CITY OR TO ROCKY		138. INSIDE CITY LIMITS	13e. STR	EET ADDRESS			
2120	TA & B E	_		Montgo	omery	Rockv	ille	YES 🕅 NO		10 Bradl	ey Ave	ð •	
WO.	I NA	14. F.	Thomas	M	DOLE H •	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
	R DEAT						ok Sr.	Julia				Laffe	el
BALTIMORE	FTER DE FORM FS 1 AN	160. \	WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SI		17 INFORMANT		ADDR			- 335
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N ST	24 HC ITEM 1 LONG PERMI		rnns	IMMEDIATE C	AUSE (a)	Ancrez		ACVIENTE	(1) 0 7 3	2916-			
ESTO	A LA A LA		Conditions, if o	ny, which		AS A CONSEQU		1.					
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*	= × < > E		lying couse lost.	the <u>under-</u>									
5, 301	AL EX BURIAL NND AN		PART 2 OTHER SIGNIFICANT	COMPLIANC CONT				emorth.					
DIVISION OF VITAL RECORDS,	DULD BE EXECUTION OF "PENDING" IN THE MEDICAL ENSED AS A BURILY F HEALTH AND A CREMATION, O	z				D /		SE OR CONDITION GIVEN IN	N PART 1 (a).				
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> >	ATE SHC THE CH LD BE U KENT OF BURIAL,	ERT	210. EXTERNAL CAUS	EWAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCUI	RRED LENTER N	NATURE OF INJURY IN ITE	M 18 PART 1 OR P	YES YES	NO 🗌
0 2	S CERTIFICATE SINTING THE WORDED TO THE CE 3 SHOULD BE E DEPARTMENT OF PRIOR TO BURLA		UNDERLYING CONTRIBUTING	OR ALISE OF DEAT	HOUR A.M.	MONTH DAY	YEAR		(1120			7857 4.3	
ISIO	SHO SHO	MEDICAL	214 INJURY OCCURR	ED	21e PLACE O	FINJURY (ATH	19 OME, 21f. LC	CATION					
No.	VRITING VRITING ARDED GE 3 S GE 3 S TE DEF	X	WHILE NOT	WHILE	STREET, FACTO	DRY, FARM, ETC.)		STREET		CITY OR TOWN	cc	OUNTY	STATE
	PA PA							(\$1)	tion X	DK1			
	THE HOUSE		22a. I certify that I death resulted from		TXT1			1		Inquiry (2),	ond in my o	pinion	
	EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND		death resulted from	Natural co	ouses (2)	Accident,	Suicide	, Hamicide L		ermined monner	_1,		
	L EX E CE L DI H, W MAR		ACTUAL SIGNATURE	and	m 9.1	3.88		A.D. DePuty	,		DATE	May	9.1980
	SH S		SIGNATURE	1/			^	N.D. 22/21/	MEDI	ICAL EXAMINER	SIGN	EDZ	7170
	MED CUTE FUN FUN	nd .	EXAMINER'S NAME	Joh	nn G. Ba	all		ADDRESS Old	Georg	getown Ro	i. Bet	hesda,	Md.
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUID BE TO FUNERAL DIRECTO AFTER DEATH, WITH II BALTIMORE, MARYLAN	23a.B	URIAL, CREMATION, RI	EMOVAL 23b. D	ATE	23c. NAME	OF CEMETERY (OR CREMATORY		CATION			
1101	BP		Dui 1a.	1 2/	15/00			Cemetery		Chelter	iham,	Maryla	ind
	DHMH - 17	24. F	UNERAL DIRECTOR T	yson Wh	neeler	Tuneral	Home,	Inc. 250. DA	TE REC'D. BY	REGISTRAR 25b. R	EC ISTRAR'S	がかりまし	
	(VR A15 ME (5))		1331 Rock	ville F	Pike Re	ockvill	e. Mary	rland W	AY 1 5	1980	4.6.7.		/

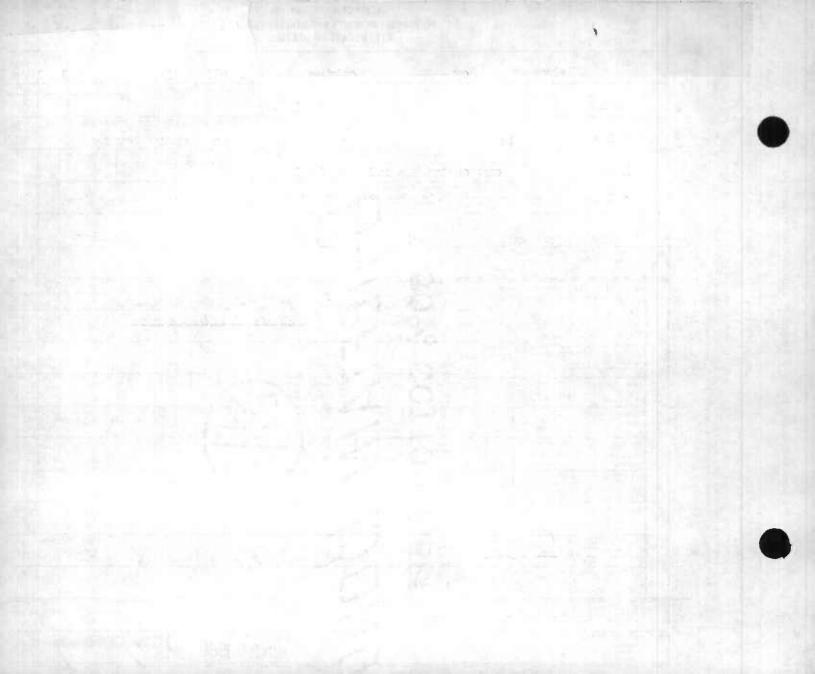
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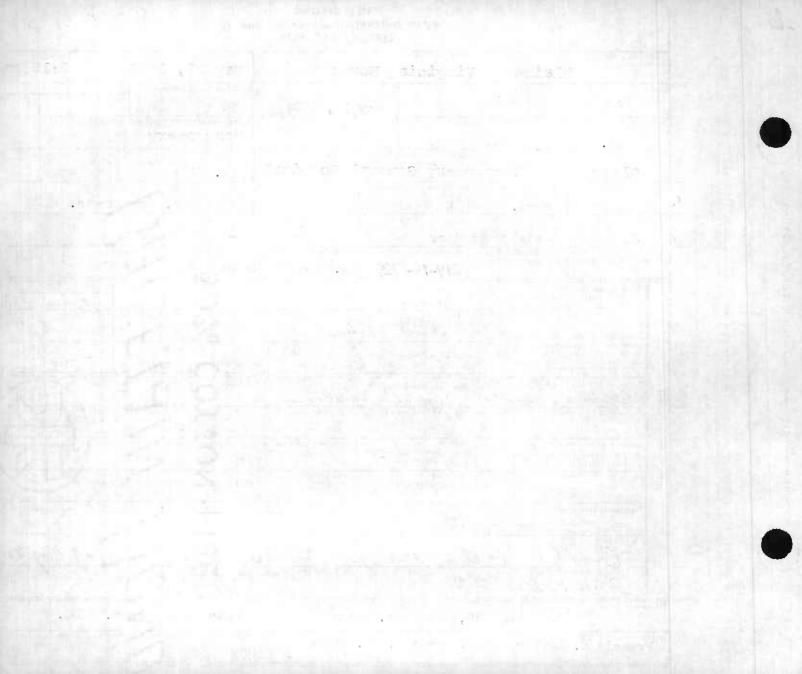
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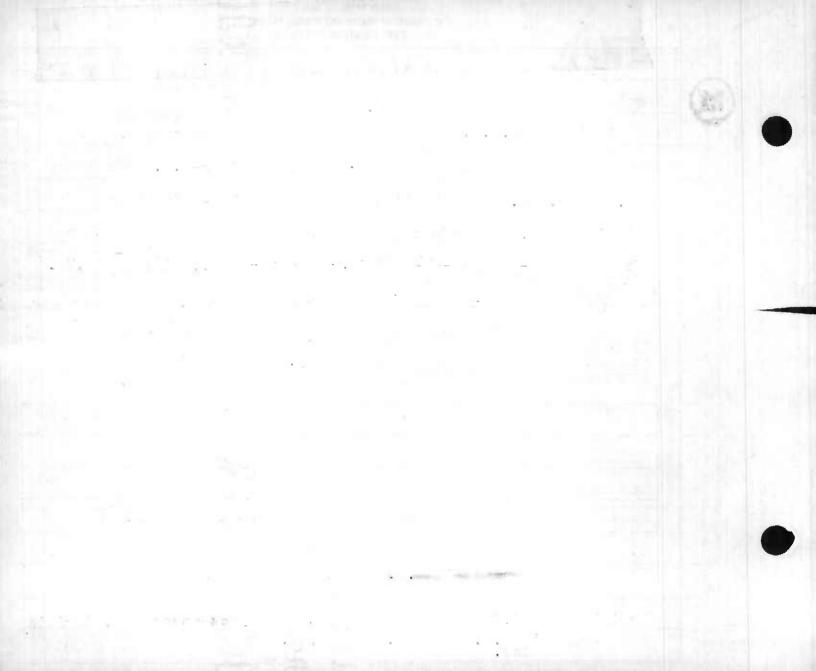
	1	STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 👸 🕡	0	9 3
100		CEASED NAME FIRS	ST MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
130		Bab	у Воу	Hopkins	April 2, 1	L980	10:15AM
3/6	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		
1		male	White	M94TH 02 1980		YRS. DAYS	HOURS MIN
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	-	ery County	MD
aptified 6	10 C	Olney	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE SI Montgomery G	RSING HOME OR OTHER INSTITUTION REET ADDRESS) eneral Hospital	120 USUAL OCCUPATI		OF BUSINESS OR
ed 135	USU 13a	AL RESIDENCE (IF NURSING H SMaryland 13b	Montgomery 130 Garage	efore admission) 13d Inchide CITY LIMITS? YES X NO	13e STEELADERESS	t Diamond Av	re.
S lexamine	14 F	ATHER'S NAME FIRST Ira	niddle Last Douglas Ter	15. MOTHER'S MAIDEN N FIRST Theresa	Lynn MIDDLE	Hopkins	AST
Poges	160 \	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE			ADDRI	ESS	
prior to bural, cremation, ar removal ony injury, ar other troumatic event, th	CERTIFICATION	Conditions, if any, which gave rise to immedia cause (a), stating the underlying cause los	DUE TO, OR AS A CONSE (c) ANT CONDITIONS CONTRIBUTING		RMINAL DISEASE OR CON		
w ne	RTIFIC				YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
Duriol-tronsit	MEDICAL CE	2]g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
is morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE CAT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOV	VN COUNTY	STATE
oched for Dept. of If Item 21		saw the deceased ali	haspital) attended the deceased from the ontrol view the body after death.	9, ond that in (my) (aur) apinio	, ta n death occurred on the do	ote and hour and from the	, that (I) (we) lost e couses stated E SIGNED
with the State		22d. PHYSICIAN'S NAME (CARIA GWeis	22e ADDRESS			
	23a. E	BURIAL, CREMATION, REMO SPECIFY) Body relea	ased to hospital	31. NAME OF CEMETERY OR CREMATORY 4–2–80	23d. LOCATION CITY OR TOWN	COUNTY	STATE
50M 1/76	24 F	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR	256 REGISTRAP'S SIGNA	TURE

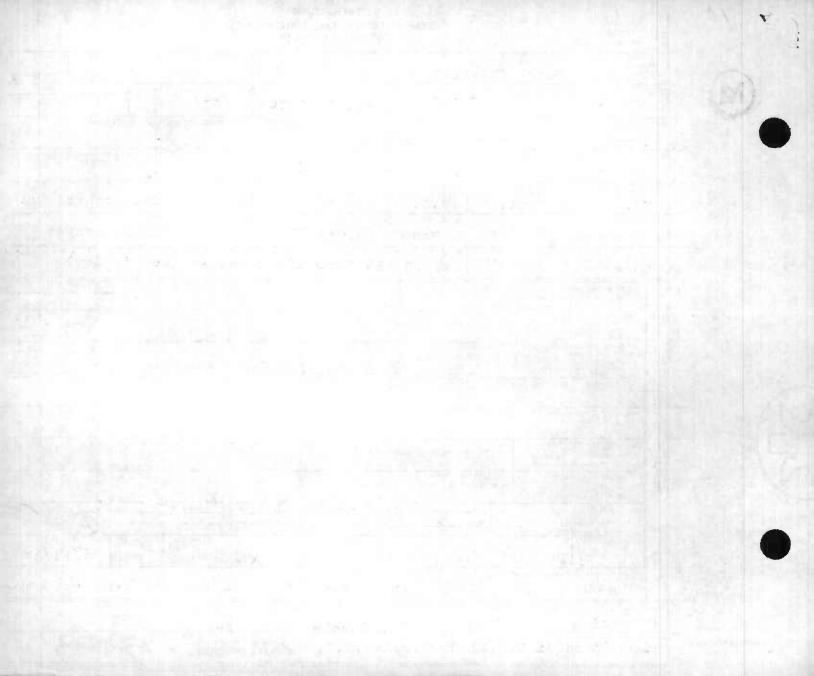
STATE OF MARYLAND



6	1.	FOR		DEPARTA		E OF MARYLAND IEALTH AND MENTAL HYG	GIENE R II	3 2 9 6
(BA)	1	STATE REGISTRAR				ICATE OF DEATH	REG. NO.	J in J
3 5	1 DE (TYPI	CEASED NAME FIRST Elai	ne '	virginia		wes	May 27, 1980	7:15 pm
ge 4 may	3. SE	x Female	4. RACE white		MONT	DF BIRTH DAY 1924		UNDER I YEAR IF UNDER 24 HRS
herath. Poe		IRTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF	WHAT COUNTRY?	0	D MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF MONTGOMERY	OF DEATH MD
by the fur		Olney	Montg	omery Ge	enera	or other institution	176 USUAL OCCUPATION ITYPEOF WORK FOR MOST OF WORKING LIFE) H. Wife	12b. KIND OF BUSINESS OR INDUSTRY Home
filled in ould be	13a.		DR OTHER INSTITUTION INTY nt.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Damas cu	N	13d INSIDE CITY LIMITS? YES X NO [26111 Mt. Verno	n ave.
ompletely and 2 sh	14.F	James Dav	is Wi	ndsor		Laura	- Burdette	LAST
be execu	160 \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	219-14-7		G. Kenneth I	Howes Same as #	13
trificate be executificate be executificate be execution ond compopers. Pages emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per ED BY: ATE CAUSE (a)	Shoch	dic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer		Conditions, if any, which		R AS A CONSEQUE	NCE OF	truction		sev. who.
I W. PRESION ST hat the death certi by the ottending p ase remove carbon I, cremation, or ren other troumatic ev	F	gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	RAS A CONSEQUE		Purcamone tosi	, abelomen + pelvis	3 yrs.
NG PHYSICIAN. The low requires the other deline physicion. Her this certificate has been signed E so she build-irrorist permit. Then pleas the and Mental Hygiene prior to burial, and Mental B shows any injury, and	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	HAYS	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART TO
ne low re on. hos beer t permit. ene prior	CERTIFICATION	196 DAVE OF OPERATION	196 COND	1		N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN: The ng physicio certificate build in the short of the nated Hygie learned hygi		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	A10	DE INJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF INJURY IN ITEM 18, PAR	
DING PHYSICIA or attending p After this certif e os the buriol- oith and Menta morked or tem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN uspitol or		220.1 certify that (1) (this hasp saw the deceased alive a	27 /	may 19_	80 .01	, 19 77 and that in (my) (our) opinion of	death occurred on the date and hour of	that (1) (THE) last
OR he he DIRE tocher or Dept		The SIGNATURE	of view me body	la M		DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF	27 May 80
HOSPI ned b FUNE old be of the S		22d PHYSICIAN'S NAME ITYPE Donald E. C		.0.		270 ADDRESS 18111 Olney	Pr. Ph.lip Or md. 20832	
BP	230. [BURIAL, CREMATION, REMOVA SPECIFY) Burial	L 23b. DATE	23c N	Mt. T	EMETERY OR CREMATORY	23d LOCATION ETCHTSon Mon	UNTY Md. STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	rancis H. Barb	er Lay	tonswill	e, Md	. 20760	E REC'D, BY REGISTRAR 25b, REGISTRA JN 2 1980	R'S SIGNATURE







Total Section 1997 missing Month, and the restaurant of the contract of the contr Affect arms teams gre of ale treet. Sunst (wife) 17 - 190 0006 calesuille Rd. Cal. Bo. Ed. But . C sastfire . DR .aning? Tavili nates 10 stell 05/75/2 4/1605 figure let .t. figure let .t. Burn

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/ The state of the	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS IF	UNDER 1 YR.	IF UNDER		DATE	MOI	NTH DAY	YEAR	2d HOUR
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2		ginia		irfax	Alex	andria	YES 🔝	NO X		4 Skyli	ine Co	urt 2	22307	
1 28 2 28	14 FAI	HER'S NAME FIRST		MIDDLE	LAST		FI	R'S MAIDEN	NNAME	MIDDLE			LAST	
128		Sandor			Kis		Eva					Ibra	inyi	
3	160 W	AS DECEASED NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES?	166. SOCIAI	SECURITY NO.	17 INFORM	er- Sa	andor	Kiss	DDRESS			
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		8 CAUSE O	F DEATH (Enter or	nly ane cause per lin	e for (a), (b), ar	nd (c).)						A	PPROXIMATE WEEN ONSET	
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IN ITEM 18. R ALONG V ISIT PERMIT. HYGIENE, D VAL.		017	9 IMMEDIA		R AS A CONSE				- 1			7		
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ND MENTAL HY		lying cau		1002 10,0	K AS A CONSE	JOENCE OF								
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<u>.</u>	CERTIFICATION	Be DATE OF	OPERATION	Ties COND	UTION FOR WAY	ICH OPERATION	VALAC DEDECOR	AAED2				Loo	AUTOPSY?	
AL, CR	5	ING. DATE OF	OFERATION	198. COND	TION FOR WIT	ICH OPERATION	WAS PERFOR	MED:						
NA Y	E L												YES 🗌	NO Z
B0	80	JNDERLYING	L CAUSE WAS	11b. TIME C	M. MONTH D	AY YEAR 21c.	HOW INJURY	OCCURRED	D (ENTER NA	TURE OF INJURY II	TITEM 18 PART 1	1.1		- 1
AND, 21201 PRIOR TO BURIAL, C	3	CONTRIBUTIN	NG LAUSE OF	DEATH O P	5 18	19 80	HIT A	EAUIN	VG.	DRIVE	WAY	Vohkso	UNGON	+/RUCK
80	w w	INJURY O	CCURRED		OF INJURY (AT HOME, 21f.	OCATION	1.		CITY OF TOWN		COLINTY		STAM
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2/5				ge of the remains de	17	2	opsy L.,	Inspection		Inquiry 🗀		ny apinion		
ARYLAND		death resulte	ed from:	ral causes	Accident	, Suicide L	, Homic		Undeter	mined manner	<u> </u>			,
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OR OF		XAMINER'S	NAME 6	01	Ma	- 1 11.	1) 0	- 11	1.	. 4	- 1	200	14	de
2 E E E		TYPE OR PRIN		KIS C	11119	LE VI PI	LADDRESS O	200 W	ISCOR	SINT	E TE.	MES	DAI	
PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH IT BALTIMORE, MARYLAN	23a. BUI	RIAL, CREMAT	ION,REMOVAL			AE OF CEMETERY		ORY	23d. LOC	ATION		COUNTY	DĈ	ATE
		Cremat:	ion	May 21, 8	30 Le	e's Cre				shingt				
7	24 FUI	VERAL DIREC	TOR F. FRE	ADDRES	ss			250. DATE R		EGISTRAR 2	Sh. REGISTRA	R'S SIGNA	LURE	
(5))	De	maine	Funeral	Homes, In	nc. Alex	., Va.	22314	MA	Y 2 6	1990	Link	ne him	A. 1.	
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11	ECEASED NAM	E FIRST		WIDDLE	-XAMIIY	EK 3 C	LAST	kson	OF DEA	2e. DATE +	REG. NO	MONT	day	YEAR 19 80	2b. HOL
3. SI NO	male	4 RACE black	5. DATE OF BIRTH	O7	6. AGE (IN YEA	AY) MONTH	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE PRONOUN DEAD		монтн 5	6	YEAR 1980	2d. HOL 3:00
70 M	BIRTHPLACE (STOREIGN COUNTRY)	TATE OR	76. CITIZEN OF WH United			8. MARRII WIDOW	ED NE	VER MARI		9. BALTIMO	Monte	_		DEATH	
3 8	ilver S	prings	11. NAME OF HOSP (IF NOT IN SUCH FAC Holy Cr	OSS F	reet address) Hospita	11	ER INSTITU	TION	Labo	orer, C	ATION (TYPI	uct.	0	IND OF BUR INDUST	JSINESS
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NO	gave ri cause (a lying cau		(b)	UT NOT RELAT	TEO TO THE TERM	INAL DISEASE	OR CONDITION	o GIVEN IN P	ARTI(a).	ease					
CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITI	ION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?						AUTOPSY	? NO 🗆
	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M. EATH P.M.		DAY YEAR		OW INJURY	OCCURR	ED (ENTER	NATURE OF INJU	IRY IN ITEM 18 I	PART 1 OR		163	140
MEDICAL	21d. INJURY C	OCCURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO			21f LOC	TREET			CITY OR TOW	N	c	OUNTY		STATE
	220. I certi death result ACTUAL SIGNATURE		e of the remains desc	ribed abar Accident		Autaps	Hamic	PECIFY)	Undet	Inquiry ermined ma	nner],	DATI		/6/80)
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	lodern F		1 14th St	., N.V	V. Wash	n., D		MAY		registrat	This f	STRAR'S	Kal	Apoly	

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IMPORTANT: If Item 21 is marked or Item 18 shaws ony

24 FUNERAL DRESBERT E. Wilhelm Funeral Home Inc

STATE OF MARYLAND 3 3 0 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE 8 U	13302
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR P
(TYPE OR PRINT) Percy	. W.	Jarboe	Na	
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
Male	White	November 14, 18	897 82	YRS.
70. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? B	- 9 BALTIMORE CITY OR CO	
country) aryland	U.S.A.	MARRIED NEVER MARRIED	Manhaamaaa	MD
Chety Chase	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS) Lin Terrace	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Ret. Construct	
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR T	EFORE ADMISSION)	0030 12 0	elin Terrace
14. FATHER'S NAME	MIDDLE Jarbon	15. MOTHER'S MAIDE FIRST Laure	MIDDLE	Boone (AST
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17. INFORMANT	ADDRESS	
Yes (YES, NO OR UNKNOWN) (IF YES, G	213 42	8139 Carolyn L	ee Jarboe Sam	e as #13
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NOIL				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED		B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRACTOR CAUCE OF			CCURRED (ENTER NATURE OF INJURY IN	
OR CONTRIBUTING CAUSE OF LATE OF THE PROPERTY	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this has	not) view the body offer/deoth.	9 , and that in (my) (our) op DEGREE		nnd hour and from the couses stated 22c DATE SIGNED
224 PHYSICIAN'S NAME (TYPE W. B. War	drop, M.D.	PHYSIC	cticut Ave., Che	
230. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMAT Epiphany Episcopa	CITY OR TOWN	e PG Maryland

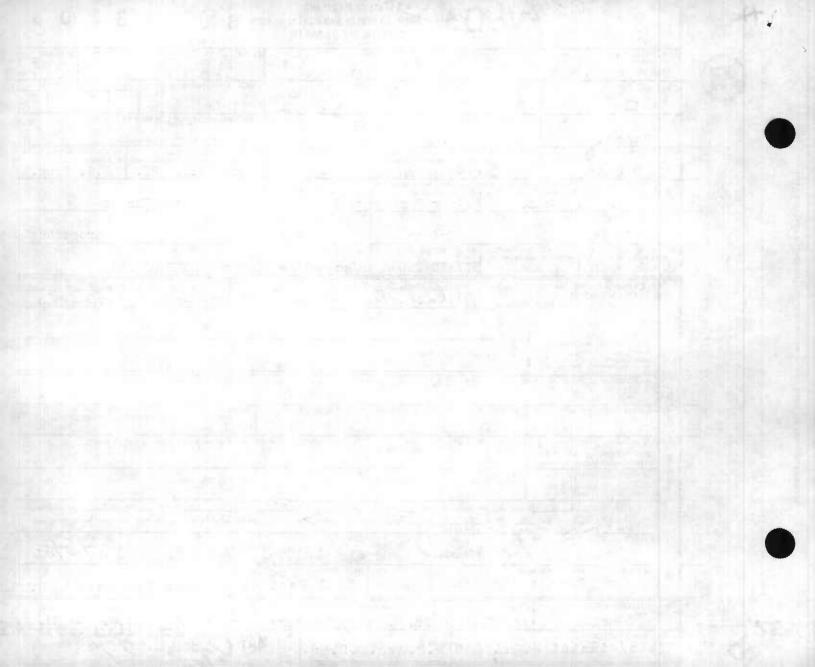
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Francis H. Barber Laytonsville. Maryland 20760

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH-16 25M

(VRA 15, 4) 1/79

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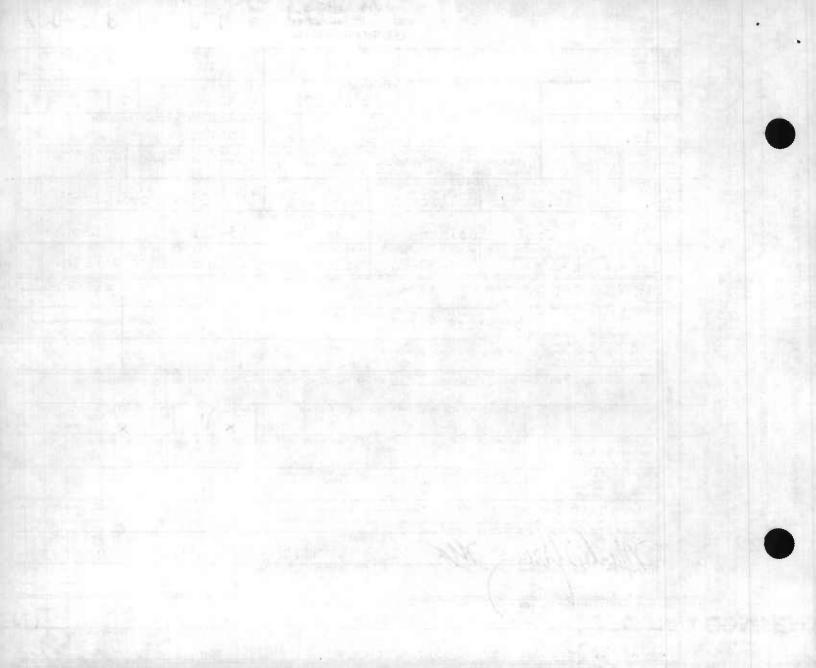
	1.	FOR STATE REGISTRAR		DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	1 3	3 0 5
		CEASED NAME FIRE ROUNTS REUK		nmn	Johr	nson	26. DATE OF DEATH 05/18/8		26 HOUR 3:35
	3. SE	x Male	4 RACE	ack	5 DATE MON'	OF BIRTH 1	6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UNDER 24 HR
of once		IRTHPLACE (STATE OR FOREIGN OUNTRY) Alabama		OF WHAT COU	NTRY? 8	EDXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH
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ed fransit be	USU 13a		ontg.	134 CITY O ROCK	E BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 14615 Ave	ry Road	
Symine 25	14 F/	ATHER'S NAME FIRST WILL JO	MIDDLE hnson	LA	ST	15 MOTHER'S MAIDEN NA	WIDOLE		LAST
medicol		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF YI	S. ARMED FORCE S, GIVE WAR OR DATE:	5)	9-6745	Eddie D. John	nson (Wife)		s #13
injury, or other troumatic event, th	NO	Conditions, if any, white gove rise to immedia couse 101, stating the underlying couse los	th be	O, OR AS A COM	SEQUENCE OF	T NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	29h- 48h-
shows ony	CERTIFICATION	196 DATE OF OPERATION	196 CC	NDITION FOR V	VHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
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orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	[AT HOM	CE OF INJURY E, STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
.21 із т		22a.1 certify that (I) (this- saw the deceased all above, (D-jwe) (did) (c	e on	11)	Di	and that in (my) (eur) opinion	death occurred on the d	ote and hour or	nd from the couses stoted
ANT: If Hen		276 SIGNATURE	le	m			MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	SINGS
IMPORTANT		224 PHYSICIAN'S NAME	-10Ff	7		106 Cu Ga	7010	rs m	1
4	(BURIAL, CREMATION, REMO SPECIFY) Burial	236. DATE 5-23			of Heaven Cem.	23d LOCATION CITY OF TOWN	Spring.	Monto Md
76		INERAL DIRECTOR SORGE R. Snow	den Roc	N. Was	hington Md. 208	Street MAY 2	E REC'D, BY REGISTRAR 2 1980	The second	Proceeding

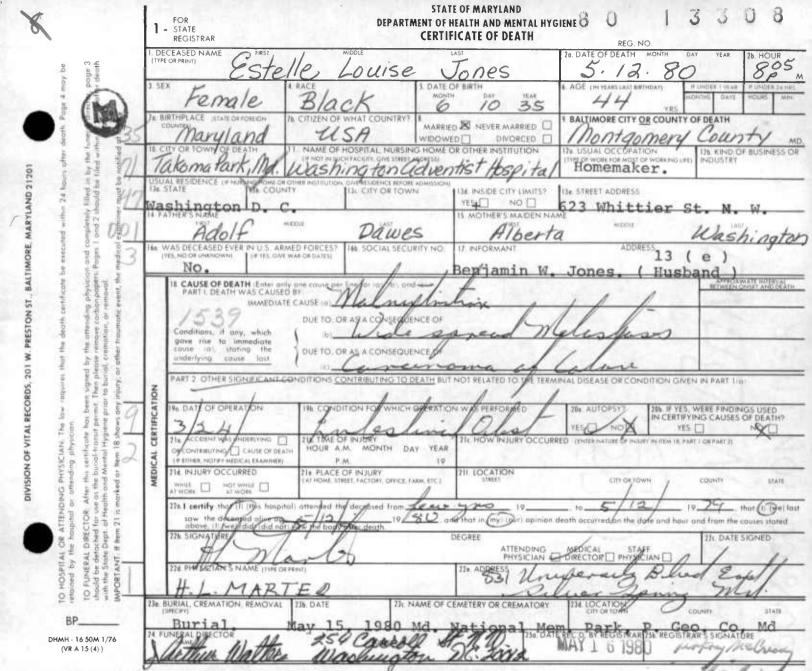
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or other r		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b) HEPATION DUE TO, OR AS A CONSI	C FAILUR	RE			
injury,	z		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PART I(a)
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES ₩ NO□		E FINDINGS USED CAUSES OF DEATH?
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	ED LENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OF	PART 2)
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	UNTY STATE
100			utal) attended the deceased fr	om	AR 19_BO	1 ₀		ALL, that (I) (we) I
51 7		22a.1 certify that (1) (this hasp saw the deceased alive or	14 MAY	19 OU . or	nd that in (my) (our) opinion o	leath occurred on the d	ate and hour and	from the causes stated
VI: If Item ZI is marked		22e.1 certify that (I) (this hosp saw the deceased alive or above, (I) (well (did) (did or 27) SIGNATURE	Well Year Delay of the results.	, 01	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 2	from the couses stated 2c DATE SIGNED 04 MAY 80
1 1 2 11 13		ODOVE, (I) (we) (did) (did oy TTS SIGNATURE AMEL OF TTS PHI SICIAN'S NAME TYPE (Well The body after death. Well The Flority	, 01	DEGREE ATTENDING _	MEDICAL STA DIRECTOR PHYSK	FF CIAN X	24 DATE SIGNED
\$1.12	. (Obove (1) (we) (did) (did of 22) SIGNATURE	Well JUSN Gr MC2 USN	23¢ NAME OF C	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC AL MEDICAL 1236 LOCATION 1237 LOCATION	FF CENTER - COUNT	26 DATE SIGNED OH MAY BO BETHESDA 1





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DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., N. W., Wash., D. C

Cremation

May 31, 1980 Cedar Hill Crematory Suitland, 250. DATE REC.D. BY REGISTRAR'S SIGNATURE

76. HOUR

IF UNDER 24 HRS

80

DAYS

17h KIND OF BUSINESS OR

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NO [

STATE

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N.Y. Stock

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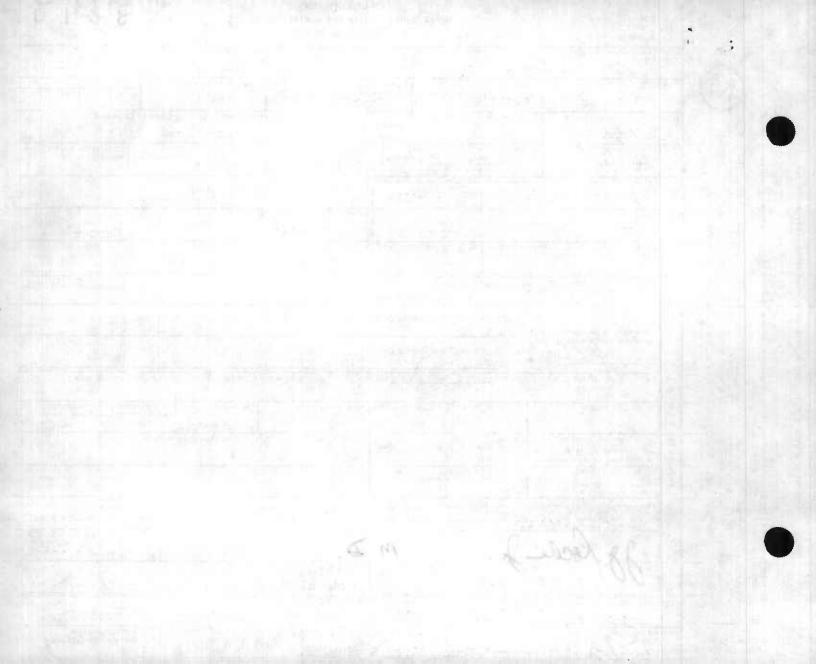
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

Page 4 may be

1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BCATE OF DEATH			3 3	1 0
	EASED NAME	FIRST	-	MIDDLE		AST	REG. NO		Y YEAR	2b. HOUR
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		FOREIGN		WHAT COUNTR	RY?	D NEVER MARRIED XX	-	RCOUNTY	OF DEATH	
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23a P	URIAL, CREMATION.		CHE, M.I		3. NAME OF C	National Nav	al Medical	Center	, Beth	esda, 1
	7a. 886 ccc 10 CT USUA 13a S M	3. SEX Female 70. BIRTHPLACE (STATE ORI COUNTRY) Indiana 10. CITY OR TOWN OF DE Bethesda USUAL RESIDENCE IF NUM 130. STATE Maryland 14 FATHER'S NAME (MST) 18 CAUSE OF DEA' PART 1. DEATH V Conditions, if ony gove rise to im couse (o), stati underlying coust PART 2 OTHER SIG 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (FEITHER, NOTEY MEDI 210. 1 certify that (V SOW the decease obove. (V (we))	To be the second of the second	Female Caucasi 18. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana USA 19. CITY OR TOWN OF DEATH Bethesda USA 19. CITY OR TOWN OF DEATH Bethesda USA 19. CITY OR TOWN OF DEATH Bethesda USA Nation Nation USA Nation Nation Nation Pr. George 14. FATHER'S NAME FIRST Bill 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) MO 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART 2. OTHER SIGNIFICANT CONDITIONS CO PART 2. OTHER SIGNIFICANT CONDITIONS CO 19. DUE TO. O CONDITION TO STATING THE OR OR CONTRIBUTION CONDITIONS CO 19. DUE TO. OR CONTRIBUTION CONDITIONS	The Bill STATE AND THE PART I. DE TOUR AND ALLE OF DEATH AND LAST AND ALLE OF UNIXON OF DEATH BETHERS NAME AND ALLE OF UNIXON OF DEATH BILL BOOK ON OUT ON THE MEDICAL STATE AND ALLE OF DEATH ALLE	The Birthplace islate or foreign in Citizen of What Country? Indiana 10 City or town of Death Bethesda 11. NAME of Hospital, Nursing Home or imperial institution, or singer address in the part of the part in	SEX Female Caucasian Sept. 3 1962	S. SEX	SER SER SERIES SERIES	See

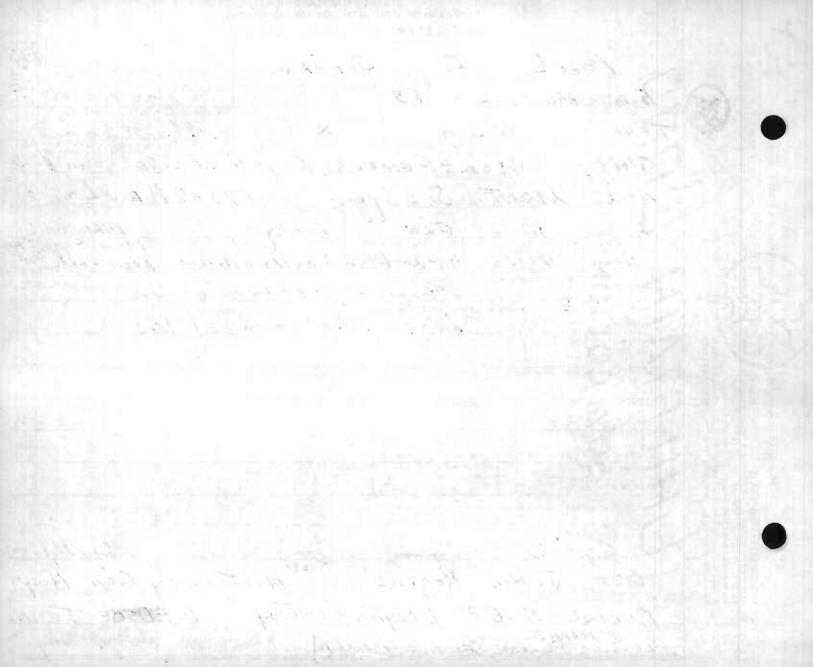
Hines- Rinaldi Funeral Home Silver Spring, Md



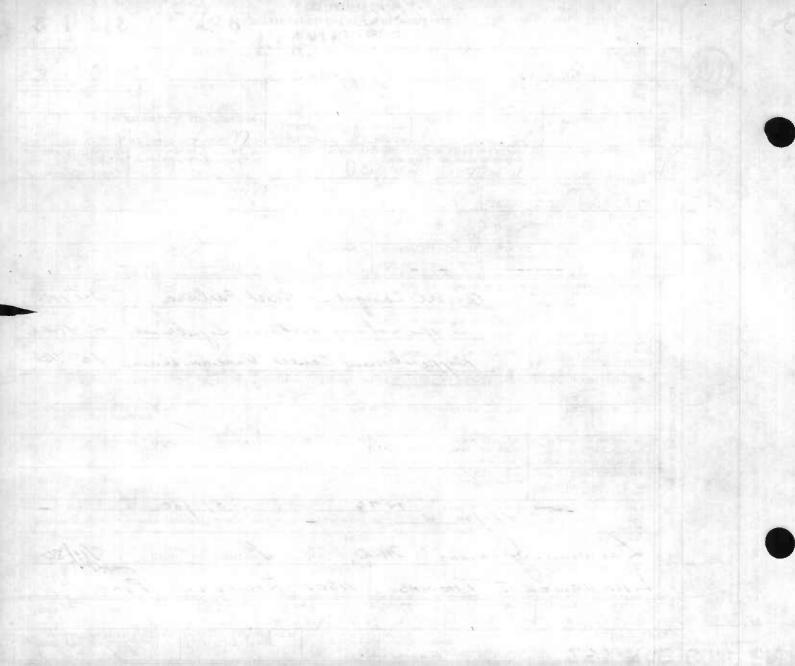
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7	1.	FOR STATE	DEPA		EALTH AND MENTAL HYG	IENE 8	1 3 3	
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ricote be executed within 24 hours hipysician and completely filled in by papers. Pages 1 and 2 should be filled in by lovol.		18 CAUSE OF DEATH (Enter o	inly ane cause per line far (a), (b)	and (c).)	n 1		8ETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF	1	2		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certifications physician. After this certificate has been signed by the attending physician is certificate to be been signed by the attending physician that this certificate has been signed by the attending physician that the please remove corbang the and Mental Hygiene prior to burial, cremation, or removed or them 18 shows any injury, or other traumatic every content of the property of the prop		underlying couse lost	(c) Orga	NIC	Orzin.	SUNdro	me	
S, 20	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	₹T 1(o)
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OR he he booke oche Dep		ZIL SIGNATURY	1.1.	10	DEGREE ATTENDING	MEDICAL V STAI		DATE SIGNED
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DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	Francis H. Ba	rber Laytonsvi	.11e, Ma	L. 25a DATE	2 1 1980	Z5b. In GISTRAR'S SIG	NATURE

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1		1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 1 2
1			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	-		CEASED NAME FIRST	MIDDLE LAST 2a, DATE KNOWN ANNIH	DAY YEAR 26. HOUR
	LEASE CLOR. FILES. OURS	3. SE	LARCE	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IIF UNDER 24 HRS. 20. DATE MONTH	1219 60 PM
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-	SAR	7a. B	RTHPLACE (STATE OR	17b. CITIZEN OF WHAT COUNTRY? 18 9. BALTIMORE CITY OR COUNTY	OF DEATH
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	S # # B -	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOLL)	26. KIND OF BUSINESS OR INDUSTRY
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٥	ATE, THIS CER FORWARDED OR: PAGE 3 HE STATE DEP D, 21201 PRIO		WHILE NOT WHILE AT WORK		
	INER: CATE, FOR: P TOR: P THE SI		22a. I certify that I took charge	e of the remains described above, held on Autapsy 🔲, Inspection 👺 Inquiry 🔲, and in my apir	nian
	THI THE NAME OF THE		death resulted from: Natura	al causes Accident , Suicide , Hamicide , Undetermined manner ,	
	CAL EXAMITHE CERTIF SHOULD BE RAL DIRECTOR ATH, WITH RE, MARYLA	54	ACTUAL /	TITLE (SPECIFY)	
	ICAL THE SHO BRAL EATH, RE, N		SIGNATURE	M.D. BOR MEDICAL EXAMINER SIGNED	2/100
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13	(BP 2	_ '	BURIAL	5-16-80 BRAYTON CEMETERY CITYORTOWN BLEDSON	TENNS
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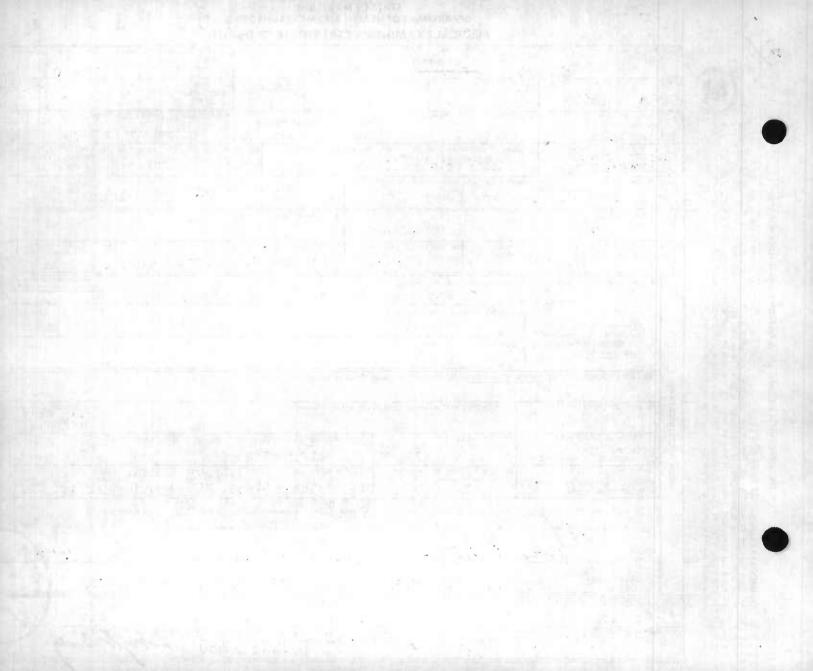


Female BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY) New York CITY OR TOWN OF DEATH	MIDDLE A RACE Caucasian LUINIZEN OF WHAT COUNTRY?	LEC 23, 1893 LEC NEVER MARRIED MED DIVORCED	REG. NO. 28. DATE OF DEATH MONTH D AGE (IN YEARS LAST BIRTHDAY) 86. YRS. 9. BALTIMORE CITY OR COUNTY WON TO WORK 1128. USUAL OCCUPATION	1.0
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JAL RESIDENCE IF NURSING DOME OR C		inter (Housewife	Own Home
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OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEA	R	TED TENTENTIAL OF THOMAS OF THE TOTAL OF THE	, , , , , , , , , , , , , , , , , , ,
	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	Meyer WAS DECEASED EVER IN U.S. ARM (YES, MO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (oil, stoting) the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER. NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK ON THE MORE OF DEATH ON TWHILE AT WORK ON THE OUT WHILE AT WORK ON THE OUT WHILE AT WORK ON THE OUT WHILE ON THE OUT WHILE AT WORK ON THE OUT WHILE ON THE OUT WHILE AT WORK ON THE OUT WHILE OUT WHILE AT WORK ON THE OUT WHILE OUT WHILE OUT WHILE AT WORK OUT WHILE OUT W	Meyer Mast Deceased ever in u.s. armed forces? (YES, NO DUNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for iot, (b) and ic part is to immediate couse iot, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTEY MEDICAL EXAMINER) 214 INJURY OCCURRED AT WORK NOIL MARKED FORCES? 146 SOCIAL SECURITY NO. 069-52-070 DUE TO, OR AS A CONSEQUENCE OF DEATH (c) 216. TIME OF INJURY (d) 176 CONDITION FOR WHICH OPERATE (FEITHER, NOTEY MEDICAL EXAMINER) 216 INJURY OCCURRED AT WORK NOIL MARKED FORCES? 179 CONTRIBUTING TO DEATH BUT OR CONTRIBUTION TO DEATH BUT OR CONTRIB	Meyer Solomon Was Deceased ever in u.s. armed forces? Iff yes, no di unknown) No 18 yes, give war or dates) No 19 yes, give war or dates) No 19 yes, no di unknown) No 19 yes, give war or dates) No 10 69 - 52 - 0708 Mrs Phylli 11 Cause of Death (Enter only one couse per line for (a), (b) and (c) Part I. Death was caused by Immediate cause (a) Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost. Due to, or as a consequence of couse (a), stofing the underlying couse lost. Part 2 Other significant conditions contributing to Death but not related to the term 19 a Date of Operation 19 b. Condition for which operation was performed 21 a. accident was underlying all of the condition for which operation was performed 21 a. accident was underlying all of the condition for which operation was performed 21 a. accident was underlying all of the condition for which operation was performed 21 a. motify medical examiner; how many occurs and was performed at work. 21 a. Injury occurred AT WORK NOT WHILE AT WORK. 21 a. photological examiner; how which of the condition of the deceased from the condition of the deceased from the condition of the condition of the deceased from the condition of the deceased from the condition of the condition of the deceased from the condition of the deceased from the condition of the condition of the deceased from the condition of the condition of the deceased from the condition of the condition of the deceased from the condition of the condition	MEYER MEYER MEYER MEYER MEYER MEYER MEYER MEYER MEYER MODIE SOLOMON MAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO MEYER MODIE MESSOLAL SECURITY NO. 17 INFORMANT ADDRESS 39 MESSOLAL SECURITY NO. 18 CAUSE OF DEATH (Enter only one couse per line for 101, 1b); and ic. PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o1, stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Conditions of the country of the conditions of the country of the count



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œ'		CEASED NAME E OR PRINT)	Gilbe	rt.	Jose Jerom			emper		[2	OF DEATH	NOWN ESTI-	MONTH 5	7 5 19		b. HOUR
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150	14. F	ATHER'S NAME FIRST (un)	known)	WIDDLE		Kempe		15. MOTHEI	R'S MAIDE	inkno	own) ^{MID}			LAST		
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AND MENTAL HYGIENE, D		Conditions, if gave rise to cause (a) statin lying cause last	ony, which immediate g the under-	DUE TO, C	OR AS A CON											
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AKTLAND, Z		220. I certify that death resulted from ACTUAL SIGNATURE	I took charge		Accident		icide X	Homici TITLE (SP	PECIFY)	Undete	Inquiry [nner,	DATE SIGNED		/4/8	0
AFTER DEATH, WITH TO BALTIMORE, MARYLAN	-	EXAMINER'S NAME (TYPE OR PRINT)	1110	omas D.				ADDRESS		Penn		Bal	to.,	MD.		
80	C	urial,cremation, pecify) cemation	6-	-4-80	Me	etrope	olita	an Cr	emat	tory						Va.
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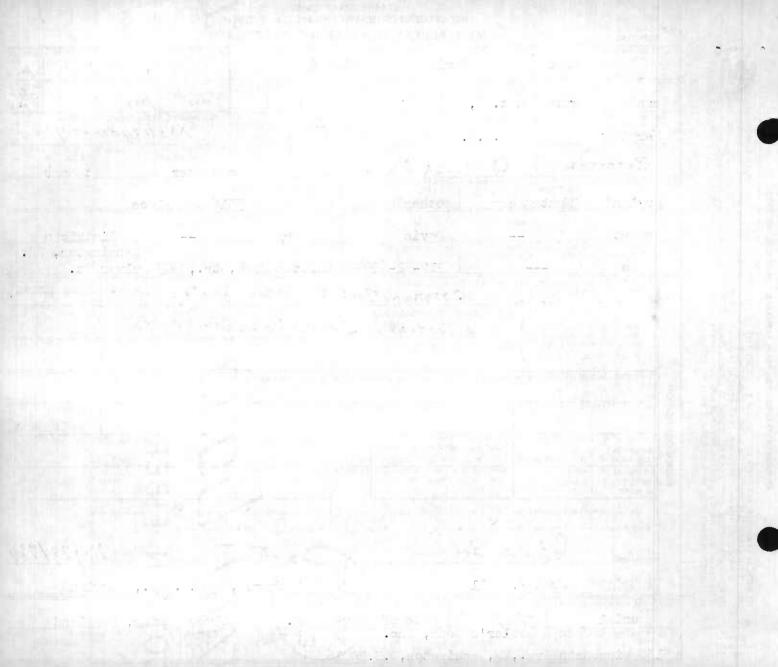


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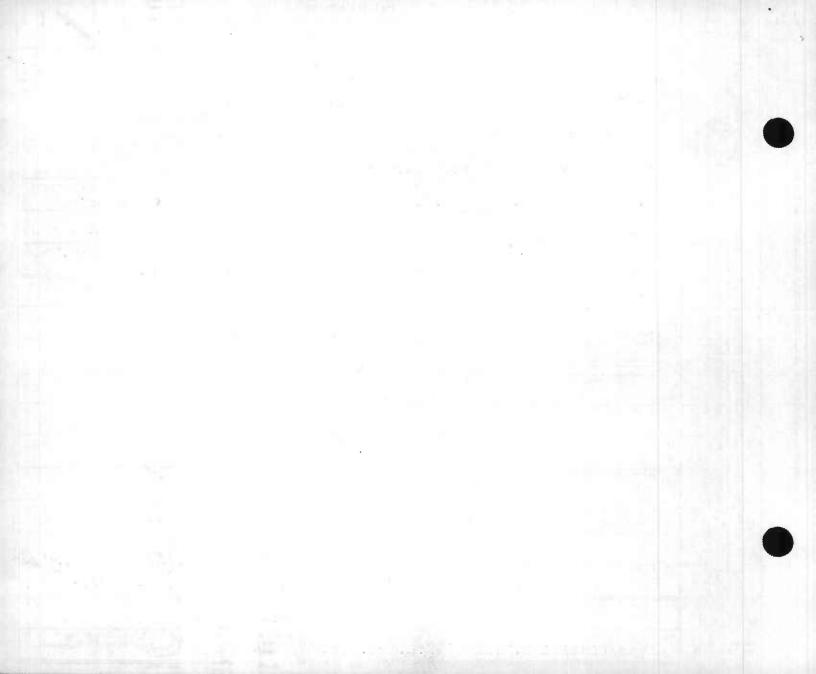
FOR		DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MEN	TAL HYGIENE	1 3	3 1 9
- STATE REGISTRAR		MEDICAL EXA	MINER'S CERTIFICA	TE OF DEATH	REG. NO.	
1. DECEASED NA (TYPE OR PRINT)	ME FIRST Edith	Davis	Kilmain	OF	KNOWN MONTH	123 1980 26
3. SEX Female	MC	ONTH DAY YEAR LAS		UNDER 24 HRS. 2c. DATE OURS MIN PRONOUN DEAD	CED May	DAY YEAR 2d. 23 1980 8
70. BIRTHPLACE FOREIGN COUNTY Maryla	(STATE OR 7b. C	U.S.A.	8. MARRIED A NEVER	MARRIED 9. BALTIM	Mentacoun	TY OF DEATH
IB. CITY OR TOW	N OF DEATH 11. N		HOME, OR OTHER INSTITUTIO	N 126 USUAL OCCUP FOR MOST OF WORK	PATION (TYPE OF WORK	12b. KIND OF BUSINI OR INDUSTRY
130. STATE	13b. COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE	OWN 13d. INSIDE CITY I		SS	At Home
Marylar 14. FATHER'S NA FIRST	ME	DLE LAST	15. MOTHER'S FIRST	MAIDEN NAME	DOLE	LAST
Kennet 160. WAS DECEA (YES, NO, OR UNK	SED EVER IN U.S. ARMED F	R DATES)		NT	ADDRESS Kens	Linthicum sington, Mo
gave cause lying o	ians, if any, which rise to immediate (a) stating the <u>under</u> -ause last.	(c)	ENCE OF BYCE, CE TC/10 ENCE OF THE TERMINAL DISEASE OR CONDITION GI		N'3 tase	
200	OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORME	D?		28. AUTOPSY?
3 V 210 EXTER UNDERLY I	NAL CAUSE WAS NG OR TING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	CCURRED (ENTER NATURE OF INJI	URY IN ITEM 18 PART 1 OR P	
VIDERLY I CONTRIBL 214. INJUR WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOV	VN CO	OUNTY
220. I co death res ACTUAL SIGNATUR	ulted fram: Natural car	he remoins described obove, he uses D, Accident D, Accident D,	d an Autopsy , le Suicide , Hamicide TITLE (SPEC		nner .	
WHILE AT WORK 220. I co death res ACTUAL SIGNATUR EXAMINER (TYPE OR F	RINT) OOM G			ethesda, Mont	g. Co., Ma	aryland
Buri	al 5/	27/80 Gate	of CEMETERY OR CREMATORY of Heaven Cem	CITY OR TOWN	Spring, 1	
						SIGNATURE.



1.	FOR		HEALTH AND MENTAL HY	GIENE () 1 %	3 2 0
1-	STATE REGISTRAR		NER'S CERTIFICATE OF	0 0	
	CEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN A MONT	11 19 80 Zb. HOUR
3. SE		AN S. S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH	DAY) MONTHS DAYS HOURS A	DEATH MATER	11 80 YEAR 24 30UR
7a. B	IRTHPLACE (STATE OR OREIGN COUNTRY) Korea	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	INTY OF DEATH
- 0	Silver Spring	U. S. A. 11. NAME OF HOSPITAL, NURSING HOA 14. NOT IN SUCH FACILITY, GIVE STREET ADDRESS HOLY Cross Hospita	AE, OR OTHER INSTITUTION	Montgomery 2a. USUAL OCCUPATION (TYPE OF WORF FOR MOST OF WORKING LIFE) Dental Technician	12b. KIND OF BUSINESS OR INDUSTRY
130. S Ma	ryland Howa		SION) 13d. INSIDE CITY LIMITS? 11	se Street Address 5462 Harper's Far	
	ATHER'S NAME FIRST Tae WAS DECEASED EVER IN U.S. ARM	K, Hahn NED FORCES? 166, SOCIAL SECUR	15. MOTHER'S MAIDEN FIRST TY NO. 17. INFORMANT	Unavailable	LAST
(190.	YES, NO, OR UNKNOWN) (IF YES, GIVE V	579-74-8		Same as 13	
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line far (a), (b), and (c).) BY: Blunt injury to E CAUSE (a)	trunk		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	OF		
	cause (a) stating the <u>under-</u> <u>lying cause last.</u>	DUE TO, OR AS A CONSEQUENCE	OF		
NO	PART 2 OTNER SIGNIFICANT CONDITIONS O	DNTRIBUTING ID DEATH BUT NOT RELATED TO THE TE	EMINAL DISEASE DR CONDITION GIVEN IN PART	1 (o).	
TIFICAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY? YES X NO
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR AM. MONTH DAYN YE BEATH P.M.	ND .	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR uto/fixed object	impact
MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (ATHOME, SPEEL FACTORY FARM, ETC.) nighway	Colesville Rd.	Mo Lorain Ave. Solv	ontgomery er Spring, Md.
5		e af the remains described above, held an al causes , Accident XX, s	Autapsy XX Inspection	, Inquiry , and in my	apinian
	ACTUAL Virginia	Laclan	TITLE (SPECIFY) M.D. Assistant	_ MEDICAL EXAMINER SIG	TE NED 5=12=80
2		nia L. Dolan, M.D.		Penn Street	
-	Burial Burial Burial	May 15, 1980 Norbec	METERY OR CREMATORY Memorial Park	23d LOCATION Officey, Maryland C'D. By REGISTRA	OUNTY STATE
Ρ.	A., Rockville,	A. PUMPHREY FUNERA Maryland	L HOMES, MAY 2 2	1980	BUILD

Marea indigned and with the way Harryland Howard Columbia XX Si62 Marpar's Farm Nd., gle Side Fishery 579-74-8911 Number 1. Name Same as 13 Manageria, symfort and statute and a state of the later to the later Darial Sylis, 1980 Jordeck Neworial ark bms [ymn] as [hydgo] and

					STATE	OF MARYLAND		*** ** ** 1
	1	FOR - STATE REGISTRAR		DEPARTA		CATE OF DEATH	REG. NO.	3 5 2
	1. D	ECEASED NAME FIRST		MIDOLE	, LA	ST	26. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
		HE	LEN		KO1	SIFAKOS	5	16 80 4:2
0-	3 S	Fe male	4 RACE	shite	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY) 6 3 YRS	FUNDER 1 YEAR IF UNDER 24
	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) GYEESE	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	Montgomery	Y OF DEATH
7	10	Takoma Park	(IF NOT IN SU	CH FACILITY, GIVE STREET	IG HOME OF	ist Hospit	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI ACCOUNTANT	
ansig E	USI 13a	UAL RESIDENCE (# NURSING HOME STATE 13b CO Md . M	OR OTHER INSTITUTION	130 CITY OR TOW S . S .	AOMISSION)	134. INSIDE CITY LIMITS? YES 🔀 NO 🗌	138 STREET ADDRESS 11661 Lockwo	Stores
ine	14.1	FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	
5 xo	0	Peter Koffm	an	LAST		Demetra	WIDOLE	UNK
medicol	17.16	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	-	17 INFORMANT 500	1 Seminary Roa	ad, Alex.Va
0	=					Louis C. E	lefteris (Son)	
event, th		IN CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY:	er line for Ial, (b), one	dici.i	Proming		BETWEEN ONSET AND DE
		IMMEDI	ATE CAUSE (0)	rosacei	RO -	Sileuus L	4	saay 2
froumotic		2010	DUE TO, O	OR AS ACONSEQUE	NOE OF	Tolon	0	41/201
	1	Conditions, if any, which gove rise to immediate	(b)_	Julip	i oca	W. Ou	rulles	1-900
other	ŀ	cause (a), stating the underlying cause lost	DUE TO, (OR AS A CONSEQUE	NGE OF	2		
ry. 0	L	PART 2 OTHER-SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
2	o Z	Sellie	eluci	7 Ju	ши	our couke	tier 20 to (1)	Habral 1
Sony	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED		S, WERE FINDINGS USED
Show							YES NO Y	ES NO
88		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		OF INJURY	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
or them	\¥	(IF EITHER, NOTIFY MEDICAL EXAMINE	KAIN .	P.M.	19			
ked or Item 18 sh	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM SIC)	211 LOCATION	CITY OR TOWN	COUNTY STAT
morked	1 2	WHILE NOT WHILE AT WORK	TRI FOME, S	THEE, PACIONI, OFFICE, P	ARM, EICI)			31A1
8		22a I certify that (I) (this has	pital) ottended t	he deceosed from	July	1976	10 DRUG 16	, 19, that (I) (w
21 8		sow the deceased alive of above, (1) (we) (did) (did)	n Ade		37 . one	d that in (my) (our) opinion	death occurred on the date and has	ur and fram the causes stat
tem	1	226 SIGNATURE	O view the byo	y direr deam.	D	EGREE		22c. DATE SIGNED
¥ VA		120451	urene	ef luc	La .	ATTENDING	MEDICAL STAFF	5/10/84
Ž-	1	224 PHYSICIAN'S NAME (TYPE		1	2	22e ADDRESS	DIRECTOR THIS CIAN	
MPORTANT		ELBA J	. MATE	TINEZ		8808 H	IDDEN HILL LA	5 POTOMA
IMPORTA	23a	BURIAL, CREMATION, REMOVA			NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	No. 200
		'Sburial	5/19				ery Suitland	PG Md.
_	24	FUNERAL DIRECTOR		-		25e DA	TE REC'D. BY REGISTRAR 256. REGIS	
7/78		Hines/Rinald	i F.H.1	1800 N -	H.Ave	.S.S.Md.	MAY 1 9 1980 /	intry/Kelread
-1 -1			_ ~ + ~ ~ + ~				EVENTED A MILITURE	. /



FOR - STATE

(VR A 15 (4))

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH 426. KIND OF BUSINESS OR INDUSTRY OWN HOME 1220 EAST WEST HIGHWAY RABINOWITZ 2805 WASHINGTON AVENUE. BEATRICE BRODY, CHEVY CHASE, MARYLAND APPROXIMATE INTERVAL HOUR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN UNIVERSITY CITY MISSOURI STEIN HEBREW MEMORIAL FUNERAL HOME L STREET, N. W., WASHINGTON, D. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

25 HOUR

IF UNDER LYEAR

IF UNDER 24 HRS

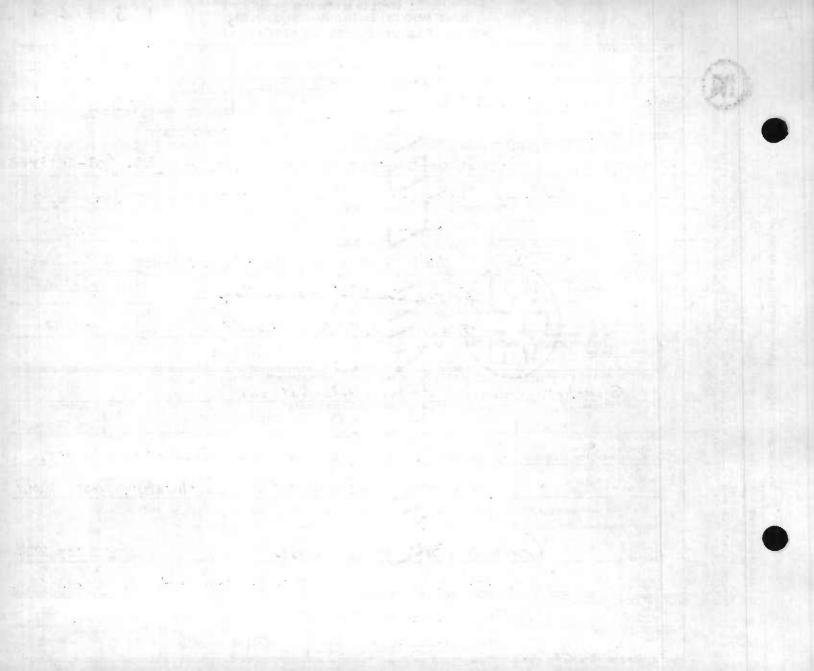
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			REGISTRAR				ME	DICAL	EXAMI	VER'S	CERTIFI	CATE	OF DEA	HTA	REG.	NO.			
- 4	. T		EASED NAME OR PRINT)		FIRST			MIDDLE			LAST			20. DATE	KNOWN	MONT		YEAR	26 HOUR
À		(ITP)	OR PRINT)	F	Andre	W		J.		KU	KUCKA	A		DEATH	MATED	May	2	1980	355 ^A _M
į	3	. SEX		4. RACE		5 DATE	OF BIRTH	YEAR	6 AGE INY		DER 1 YR.		R 24 HRS.	2c. DATE		MONT	H DAY	YEAR	2d HOUR
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		7a. B1	RTHPLACE IS	ATE OR		7b. CITIZ	EN OF W	HAT COU		10	IED X N	EVED MAD	DIED [9. BALTIM	ORE CIT	Y OR COU			1
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-			TY OR TOWN		Н	11. NAM	E OF HO		IRSING HOM				12a. US	JAL OCCUI	PATION	TYPE OF WOR	K 12b. KIN	ND OF BU	SINESS
27		B	ethesd	3.		Na	tion such a	al Na	val Me	dical	Cent	ter	U.	S. A	rmy	Lt.	Col	-Ret	ired
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	-10		THER'S NAME								15, MOTH	ER'S MAIL							
50	1		Josep!	1		MIDDLE		K	ukucka		Sc	phia		M	AIDDLE		Gab	or	
	ī	60 W	AS DECEASE	EVER IN	U.S. ARM	ED FOR	ES?		CIAL SECURI		17 INFOR				ADDR	ESS			
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	ı		PARTIDE	ATH WAS	S CAUSED	BY:	-		ra C.	ubor	of H	omo	nho	21-			BETW	VEEN ONSET	AND DEATH
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N L M			cause (a)	stating th	ne <u>under</u> -	DI			NSEQUENCE										
5			lying cou	se last.			(c)												
<u>,</u>			PART 2 OTNER SI	NIFICANT C	ONDITIONS CO	ONTRIBUTIN	G TO DEATH	BUT NOT REL	ATED TO THE TER	WINAL DISEAS	E OR CONDITIE	ON GIVEN IN I	PART 1 (a).						
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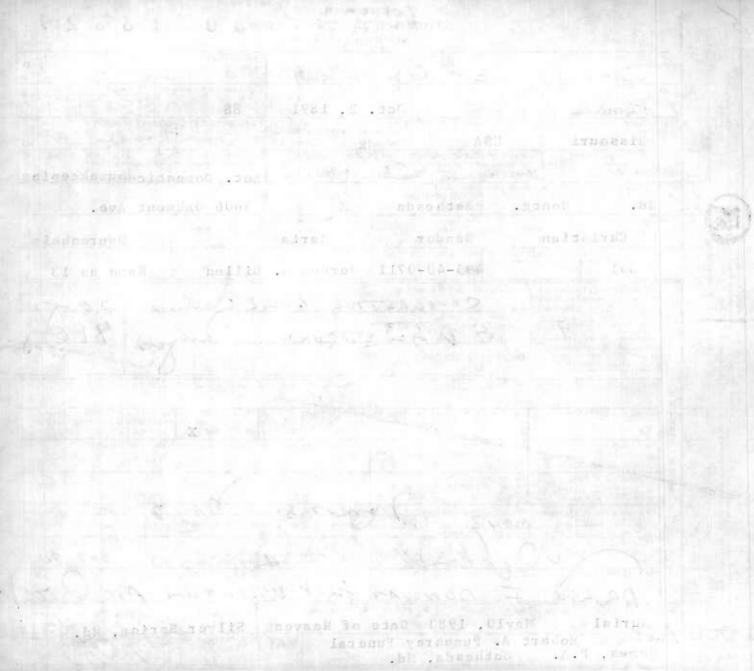
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s that the death cer d by the attending plasse remove carbon p al, cremation, or ren			PART I. DEATH WAS CAUSE IMMEDIAN Canditions, if any, which gave rise to immediate cause to), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)							
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he lav		CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
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AL DIRE tached for te Dept. (T. If Iter	- 3		abave, (I) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 27c. DATE SIGNED								
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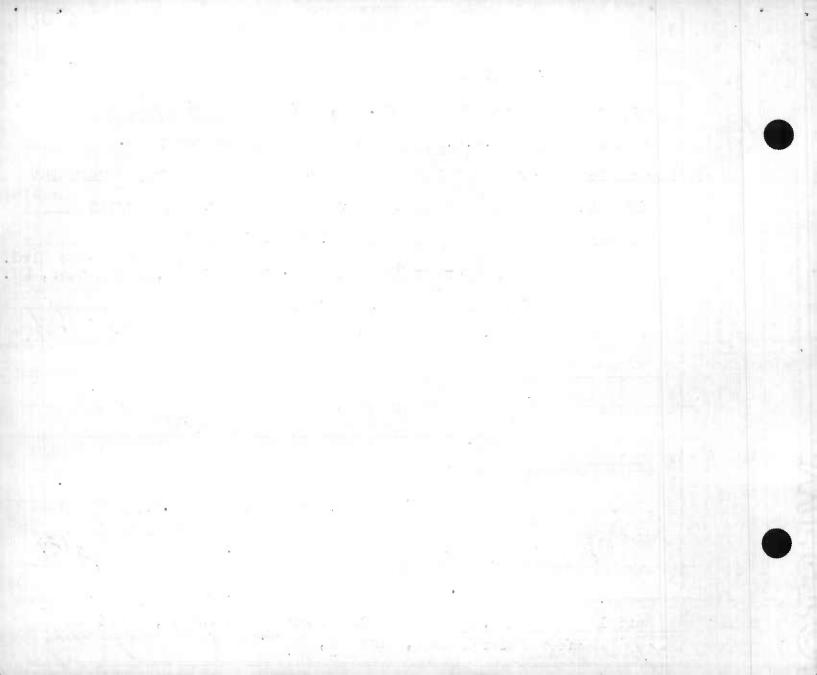
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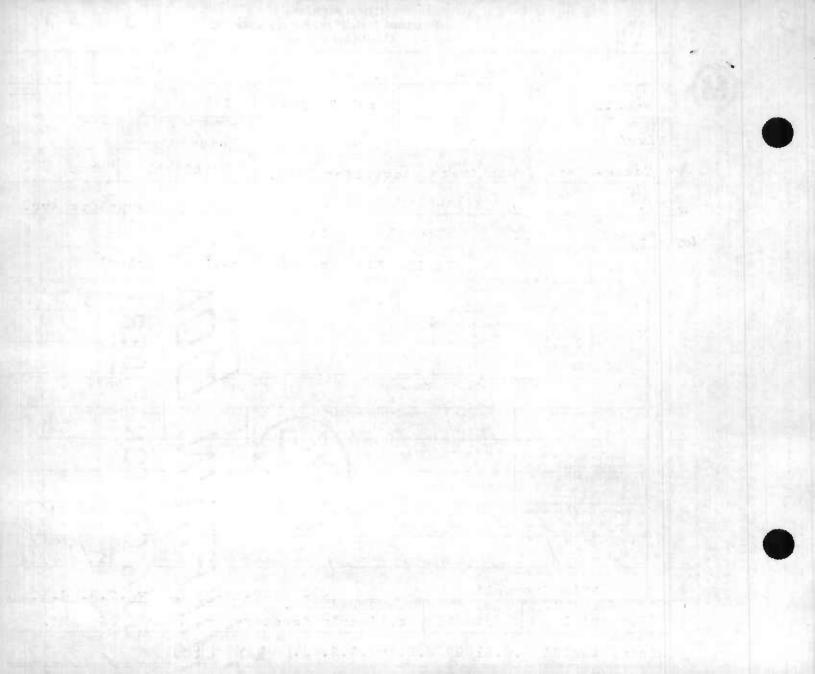
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27a. I certify that I took charge of the remains described obave, held on Autopsy , Inspection , Inquiry , ond in my apinio death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNED 1919 Seminary Road							
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AC AC	NDERLYING OR ONTRIBUTING CAUSE OF AUSE OF AUST OF AUST OF AUST OF AUST OF AUST	NDERLYING OR OR ONTRIBUTING CAUSE OF DEATH d. INJURY OCCURRED VHILE NOT WHILE STREET, FACTORY, FA 270. I certify that I took charge of the remains described death resulted fram: Natural causes XX. Accid	NDERLYING OR OR ONTRIBUTING CAUSE OF DEATH d. INJURY OCCURRED VHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 120. I certify that I took charge of the remains described obave, held on death resulted fram: Natural causes Accident Suicid	NDERLYING OR ON ONTRIBUTING CAUSE OF DEATH P.M. 19 d. INJURY OCCURRED ALT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described obave, held on Autopsy Industries (Special Control of Control	NDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19 NONE d. INJURY OCCURRED ALT WORK 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 170. I certify that I took charge of the remains described obave, held on Autopsy Inspection In	NDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19 None d. INJURY OCCURRED ALT WORK STREET. FACTORY, FARM. ETC.) 210. I certify that I took charge of the remains described obave, held on Autopsy Inspection Ins	

termine the management of the properties of the second of Williams Nottle (Unknown) to the 577-52-1691A Helen Joyner-Same as # 11 stove

Burtal 5-27-60 Lincoln Mem. Com. Suitsland, F.G., Md.

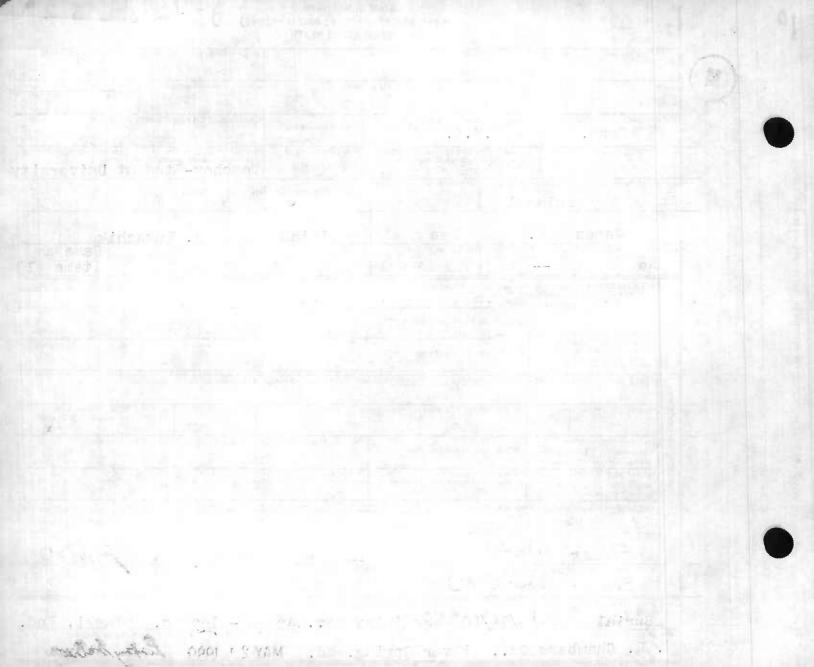






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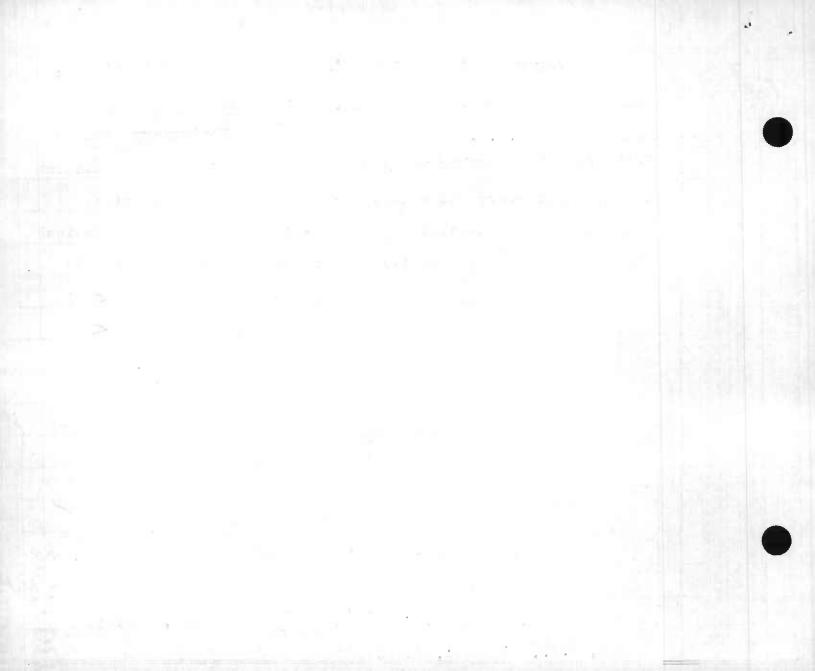
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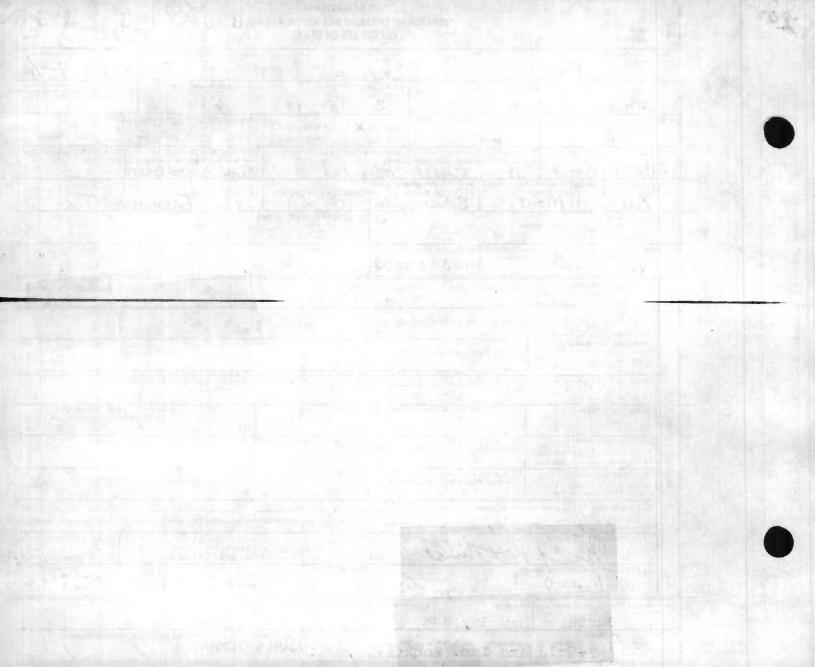
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OUR FILE	3. SEX	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTH	TEARS IF UNDER I		4 HRS 2c. DATE	MONTH ED Man	DAY YEAR	20. HOUR 8:08pt
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E	ISUAL RESIDENCE ISO STATE Maryle	136 COUN	gomery	13c. CITY OR TOWN Silver S	pring YES		13e SIREEI ADDRES 2924 Ma	rlow Road		2000
	14. FATHER'S NAME Brooke		E.	Lee		AOTHER'S MAIDEN	ANAME MIC	DLE E	llis	
i	(YES, NO, OR UNK		WAR OR DATES)	166. SOCIAL SECUR		NFORMANT	dara 202	ADDRESS 4 Marlow	Road S	ilver S
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2 2	19a. DATE	Non-	196. CONDIT	ION FOR WHICH OP	ERATION WAS PE	ERFORMED?			YES 🗆	4
)		NAL CAUSE WAS NG OR ITING CAUSE OF		MONTH DAY YE	AR) LENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 7e DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Jules 8-4 RACE DATE OF BIRTH 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR DAYS MALE 15 18 Te. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Montgoary WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RUAL ESTATE DOKE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Mont ilver Spring NO [3836 REMANNE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ALDDIE LAST FIRST MIDDLE Loeb LeVine Samuel Yetta ADDRESS Gaithersburg, Md. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 17307 2370 Craig LeVine, 9020 Centerway Rd. WW IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO. OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21 ª PLACE OF INJURY CITY OR TOWN COUNTY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC I STATE NOT WHILE WHILE AT WORK AT WORK 220 1 certify that/(1) (this haspital) attended the deceased from... Tomany May 28 80 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING / MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 228. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE Burial 30.1980 Judean Olney Md. Mont 24 FUNERAL DIRECTOR ROCKVIII Do DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 25M Danzansky-Goldberg Inc. Rockville, Md. (VRA 15, 4) 1/79

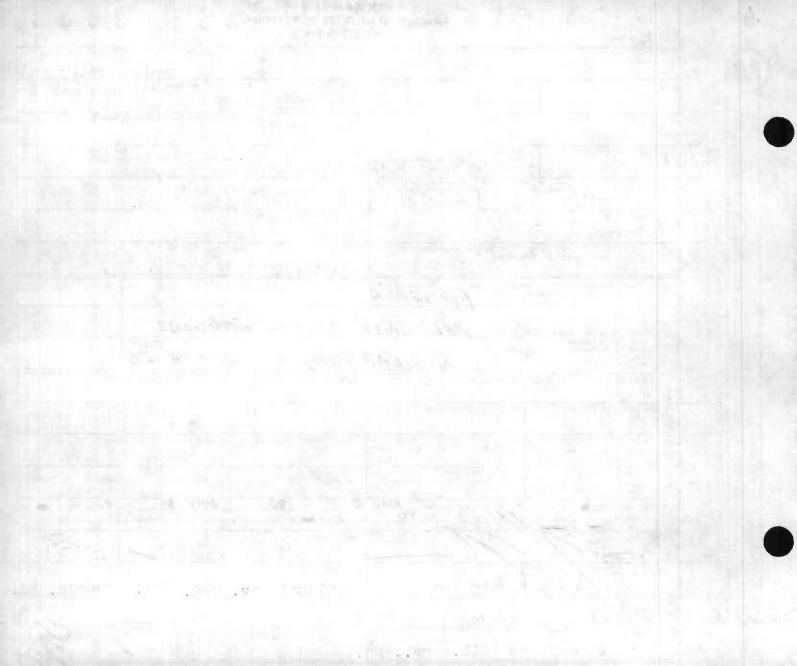


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el ·	1'	STATE REGISTRAR	MED	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG. NO.	0 0 0 0		
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN A MON	ITH DAY YEAR 26 HOUR		
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2 世本里 ·	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSE	K 126. KIND OF BUSINESS OR INDUSTRY					
AND WELL		Olney	Montgon	Montgomery General Hospital Dentist					
E 202 000		AL RESIDENCE (IF IN NURSING HOME COUN		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
21201 2, AND 2, AND 3, RET SHOW	M	aryland Mont	gomery	Silver Spri	ng YES 🛣 NO 🗆	15411 Prince Fred	erick Way		
O I . NA	14. F	ATHER'S NAME	MIDDLE	IAST	15. MOTHER'S MAIL	DEN NAME MIDDLE	LAST		
			0.	Lewis	Rosa		Piper		
AORE, DE PAGE ORM		WAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURITY N	O. 17. INFORMANT	ADDRESS	30-14-15-1-1		
LTIA NE NE N	Ye		- 1972	578-16-1613	Hilda E.	Lewis, wife, same a	as above		
BA DURS B. G WIT T. PA DIVI		18 CAUSE OF DEATH (Enter on	y one cause per line	or (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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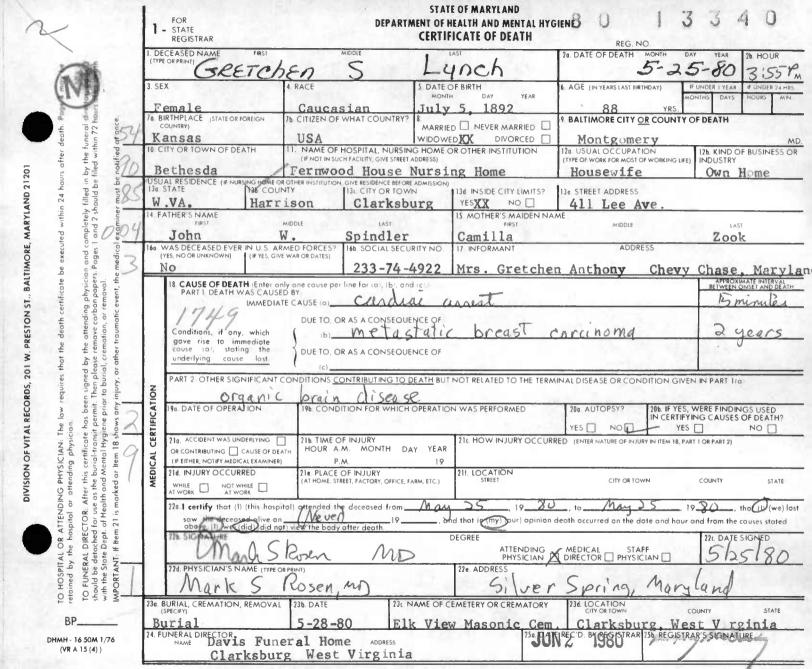
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN JOSEPHINE LINSON (TYPE OR PRINT) OF ESTI-Josephine Inson 4. RACE A. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Female White Mar. 5 1916 64 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Mass. DIVORCED 30 U.S.A. WIDOWED 126. KIND OF BUSINESS OR INDUSTRY 10 CITY OR TOWN OF DEATH Home Homemaker 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 130 STATE Md Montgomery Rockville NO [Grosvenor Pl 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE 1A51 FIRST Helen Contee Martell Charles ADDRESS Baltimore, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) No Robert G Livson, 140 Overbrook Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), peratic Insofficiency Acute sand. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF tric. Hemorrhage onditions, if ony, which gove rise to immediate cause (a) stating the under-Chronic Alcoholismlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES BURIAL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORK STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Natural couses Accident Hamicide L Undetermined monner TITLE (SPECIFY DATE May 24/980 FUNERAL CTER DEATH, XAMINER'S NAM John G. Ball, M.D. Old Georgetown Rd., Bethesda, Md. FAGE PAGE 23g BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Cedar Hill Crematory Suitland. Maryland. 24. FUNERAL DIRECTOOSEPH Gawler's Sons Inc. 250. DAT RIAD: BY REGISTED **DHMH - 17** 5130 Wisc. Ave., N.W. Wash. D. VR A15 ME (5)) 15M 7/76

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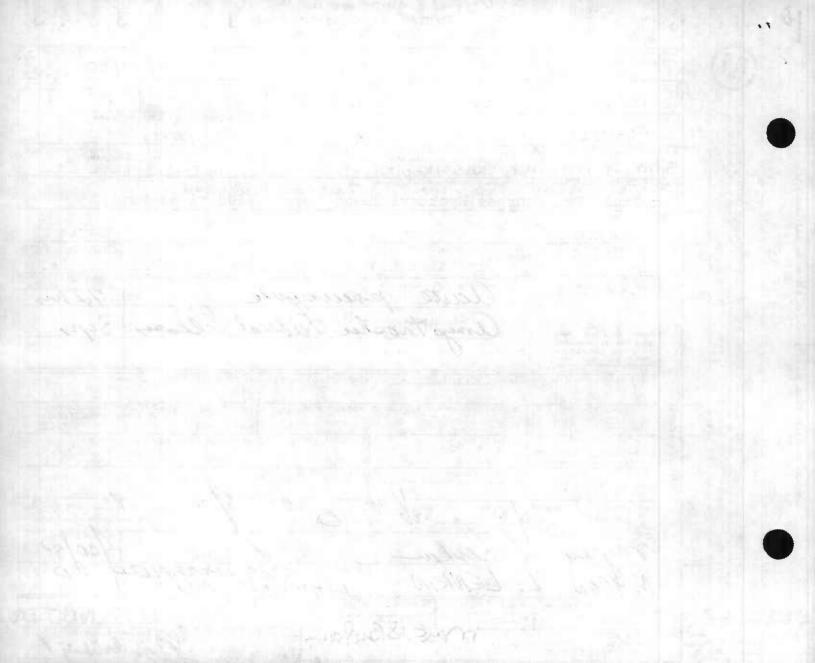
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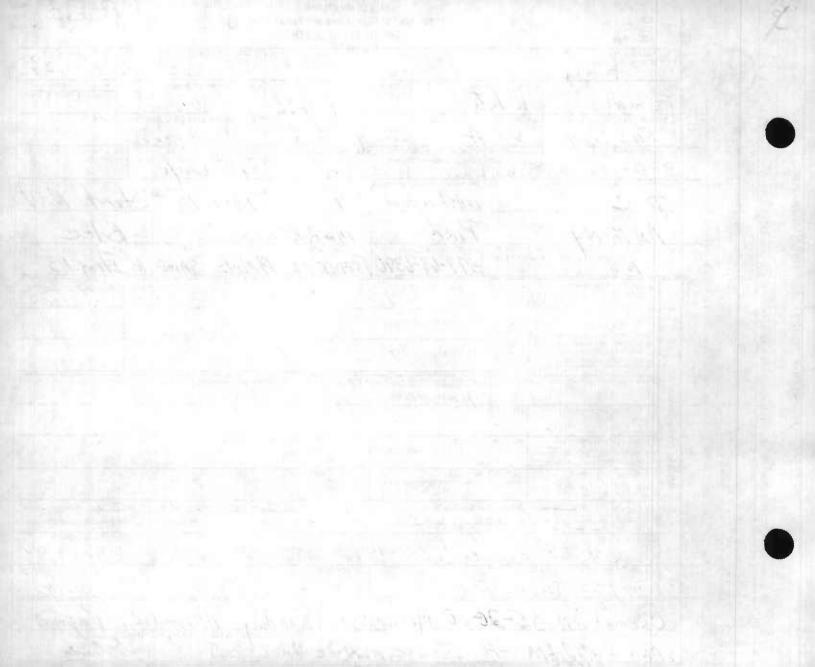
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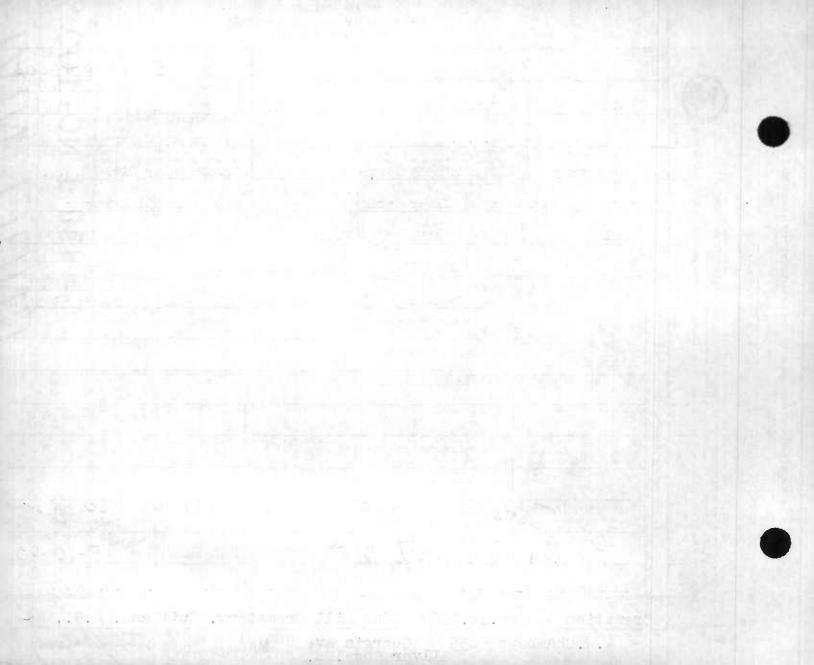
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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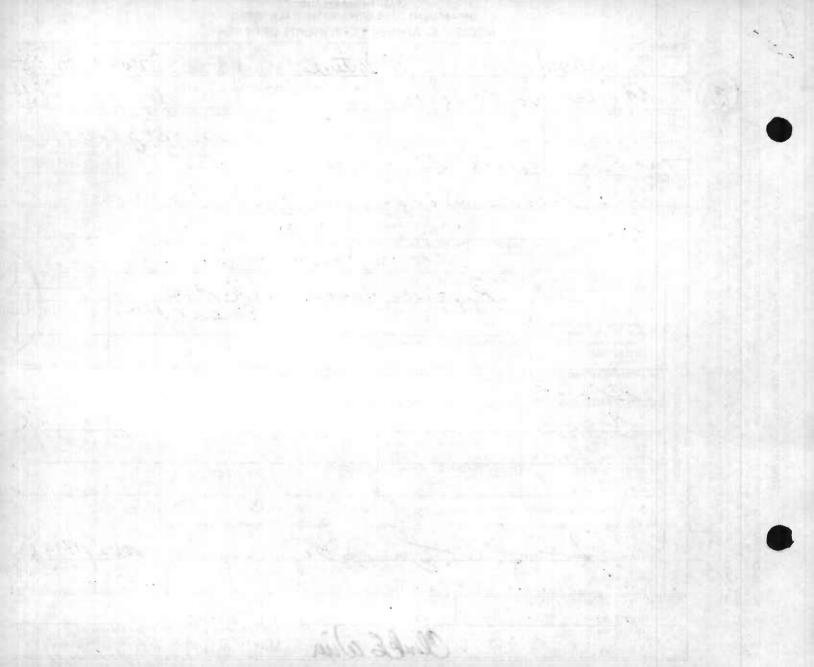


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S LABOURD DAY YEAR REGISTRAR AGE IN YEAR AGE S. DATE OF BITH MOSHIN DAY YEAR REGISTRAN DAY 18 BITHPLACE (SMARC SMARC) 18 BITHPLACE (SMARC SMARC) 19 BATHMORE CITY OF COUNTY OF DEATH MARYLAND 19 BATHMORE CITY OF COUNTY OF DEATH MEDICAL CITY OF TOWN OF DEATH 11 LINAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION REGISTRATION 18 BUTHPLACE (SMARC SMARC) 19 BATHMORE CITY OF COUNTY OF DEATH 11 LINAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION REGISTRATION 18 BATHMORE CITY OF COUNTY OF DEATH MEDICAL CITY OF TOWN OF DEATH 11 LINAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION REGISTRATION 18 CITY OF TOWN OF DEATH 11 LINAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION REGISTRATION 18 BATHMORE CITY OF COUNTY OF DEATH MEDICAL CITY OF TOWN OF DEATH 18 COUNTRICE OF DEATH MEDICAL CITY OF TOWN 18 BATHMORE CITY OF COUNTRICE OF SMARCH S
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Maryland USA WIDOWED DIMORCED DIMORCE
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USUAL RESIDENCE (IF IN NUMS SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 139. STATE 139. COUNTY 130. COUNTY 130. CITY OR TOWN 130. LAST 130. MOTHER'S NAME FRST James McIntyre 15. MOTHER'S MAIDEN NAME FRST Nellie J. Russell 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, OR, OR UNKNOWN) 16. YES, GIVE WAS ORDATES) TOON 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MIDDLE 17. INFORMANT (daughter) MCINTYR Nellie J. Russell 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MMEDIATE CAUSE (a) DUE TO, OR AN A CONSEQUENCE OF DUE TO, OR AN A CONSEQUENCE OF (c) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES IN THE MIDDLE VERY CAUSE OF DISTRIBUTION OF WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES IN THE MID TO THE MEDIAN OF AN ALL OF PART 1 OR PART 1 OR PART 1 OR PART 2 OR PART 2.) NO 191. EXTERNAL CAUSE WAS 210. THE OF INJURY HOUR AM MONTH DAY YEAR 10. AUTOPSY? YES IN THE MID TO THE MEDIAN OF THE MEDI
13. STATE 13. COUNTY 14. FATHER'S NAME PRST 15. MOTHER'S NAME PRST 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LUMRNOWN) 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSE (a) 17. INFORMANT (daughter) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSE (a) 19. DUE TO, OR AS A CONSEQUENCE OF 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITIONS (DINTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOTE IN 19. ENTER ADDRESS YES X REPT ADDRESS YES X REPT ADDRESS ADDRESS NODIE (19. MIDDLE 15. MOTHER'S NAIDEN NAME NEDLE 17. INFORMANT (daughter) ADDRESS 18. MIDDLE 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 2 OTHER SIGNIFICANT (DNDITIONS (DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19. DATE OF OPERATION 19. CAUSE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \REPT NOTE YES X REPT ADDRESS YES X RICHARD (ADDRESS NAIDEN NAME NIDLE 19. CAUSE OF DEATH (Enter ADDRESS NOTE 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one
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21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION
WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY S
27a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion
death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner ,
TITLE (SPECIFY)
SIGNATURE SIGNED = 4319
YELDRING John S. Rogers, DME ADDRESS Silver Spring, Maryland
236. BURIAL, CREMATION, REMOVAL 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE
230. Burial 5-17-80 St. Marys Cometers Fate Rec'd. By Registrar 25b. Registrar's Signature Warner E. PumphreyppressInc. MAY 1 9 1980



	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	1334		
o the	I. DE	CEASED NAME FIRST IR TIENE	ENE MODIE LAVII	M	-		MONTH DAY YEAR 26 HOUR/S		
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w the fur			1. NAME OF HOSPITAL, NURSI (ENOT IN SUCH FACILITY, GIVE STREE Suburban Hosp	NG HOME		12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Jeweler	ON 126 KIND OF BUSINESS		
iin 24 hou	USU/ 13a S	AL RESIDENCE IN NURSING HOME OR O STATE 135 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c CITY OR TOV Washing	WN	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 2801. New	Nexico Ave N.W.		
completely 1 and 2 sho	14. FA	ATHER'S NAME	DOLE LAST		15. MOTHER'S MAIDEN NAME FIRST Eleanor	ME	Unknown		
Pages 1 a	16a V	MAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 1# YES, GIVE W	NED FORCES? 166 SOCIAL SEC NAR OR DATES) 306-18-		Michael Heid	ADDRE 1. 12300 Sto	ney Creek Rd. Pot		
e law requires that the state is been signed by the att it. Then please remove prior to burial, crematic was any injury, or other	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU (c) DINDITIONS CONTRIBUTING TO T196 CONDITION FOR WHIC	DEATH BU		INAL DISEASE OR COND	200. IF YES, WERE FINDINGS USED		
The sho	RTIFIC				Name and the second sec	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO		
PHYSICIAN: The physician. This certificate ha urial-transit permit Mental Hygiene d or Item 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I HE EITHER, NOTHY MEDICAL EXAMINER)	HOUR A.M. MONTH (DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1: OR PART 2)		
NG Indin	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE		
or a		220.1 certify that (I) (this hospital) attegded the deceased from aprile 80, 19, to \$\frac{10/88}{19/88}\$, that (I) (we) last sow the deceased alive an \$\frac{510/88}{10/80}\$, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) Idid) (did not) view the body ofter death.							
E hose hose ched Ched Ched Ched Ched Ched Ched Ched C		Obove, (I) (we) [did] (did not) view the body ofter deoth. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR							
TO HOSPITAL retained by the ITO FUNERAL (Should be detachwith the State DIMPORTANT: I		228 PHYSICIAN'S NAME HYPEORI	PRINT) KAGUL M	٥	7825 a	rlington E	I. Bette Sa he		
BP	(Burial	5/13/1980	Rock C	CEMETERY OR CREMATORY Creek Cem.	Vashingto			
DHMH-16 25M	24 F	UNERAL DIRECTOR JOSEPH 5130 Wisc. Ave.	N.W. Washers	D.C.	25a. DAT	Y 1 6 1980	256. REGISTRAR'S SIGNATURE		

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Pumphrey,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO MONTH 2b. HOUR OUS PM IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Montgomery 126. KIND OF BUSINESS OR INDUSTRY own home 18 Franklin Avenue, LAST Farell 2703 Nicholson St., APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T COUNTY STATE 22c. DATE SIGNED COUNTY

DHMH-16 20M (VRA 15, 4) 7/7B FOR

- STATE

REGISTRAR



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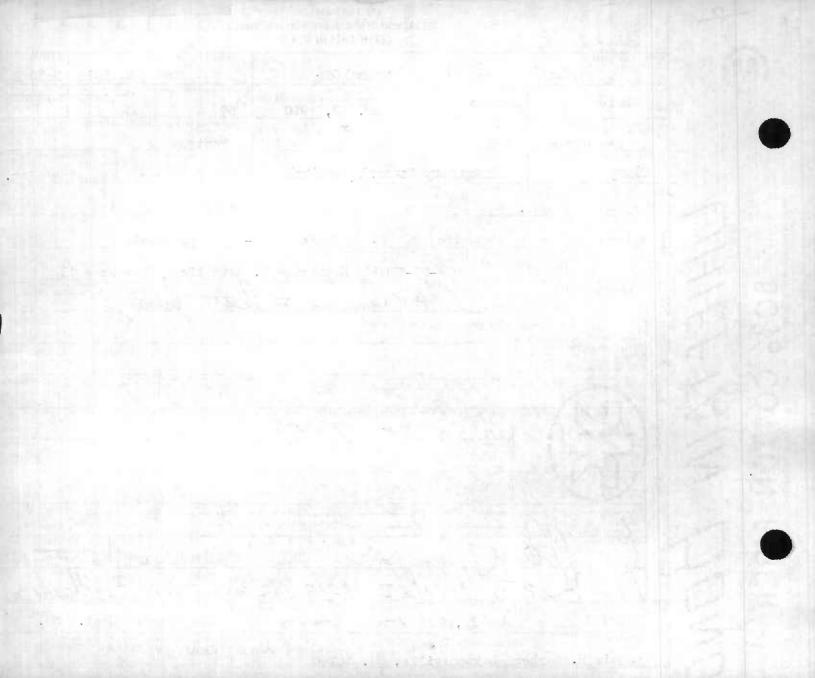
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STATE OF MARYLAND

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STATE OF MARYLAND

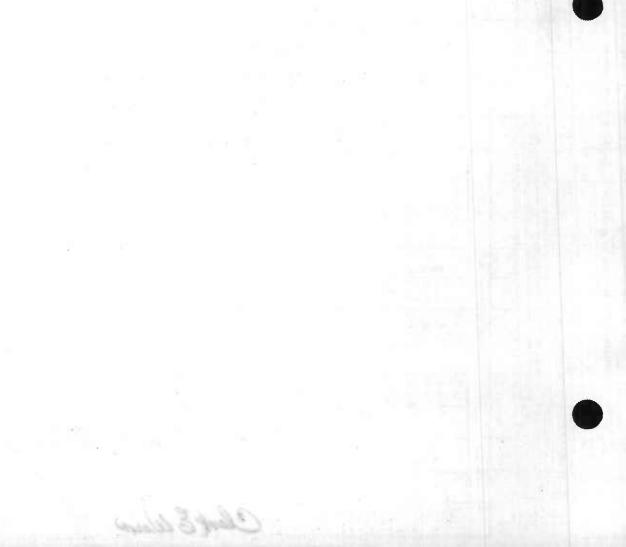
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DIVISION OF VITAL RECORDS,		Hem 18	CAL CE	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH		M. MONTH		21c HOW INJURY OC	COMED (EI	STER NATURE OF INJURY IN IT	EM 18, PAI	RT OR PART 2}	
ON		or He	MEDIC	(IF EITHER, NOTIFY MEDICAL EX		21e. PLACE	M. OF INJURY	19	21f LOCATION STREET					
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۵	NDIN I or II. Af	D E		22s.1 certify that (1) (th) attended th	e deceased from	n	, 19	, to		, 1	9	that (1) (we) last
-	ATTR OTO STEE	2		dbove (fl.(we) (did		view the body	after death.		nd that in (my) (our) opi	nian deoth a	ccurred an the date ar	nd haur		
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	25 523	≤	23a. (URIAL, CREMATION, REA	MOVAL	23b DATE			EMETERY OR CREMATO	ORY 23d	LOCATION CITY OR TOWN		QUNTY .	STATE
13	62 BP	-		Burial		May 2	7,1980	Friend	s Cemetery		Sandy Spr.			Md.
	DHMH - 16 50M 1/76 (VR A 15 (4))	3		INERAL DIRECTOR			ADDRESS			DATE REC'E	BY REGISTRAR 256. R	EGISTR	AR'S SIGNAT	URE
	(VK A 13 (4))			Francis H. B	Barber	r Lay	tonsvi 11	e, Md.	20760	31179				



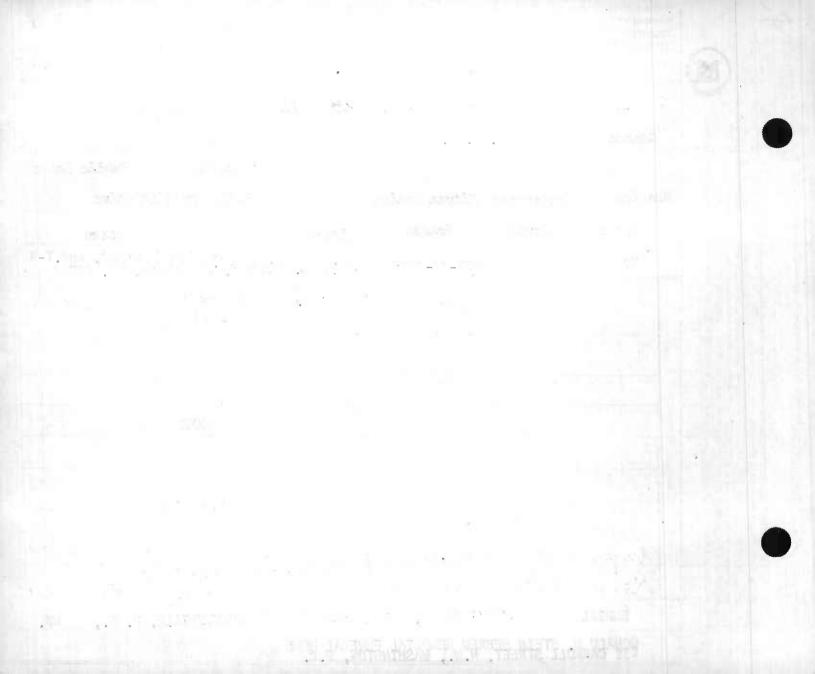
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34

TO HOSPITAL C. ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.

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njury, or other traumotic event, the	z	Conditions, if ony, gave rise to imm cause (o), stating underlying cause	which ediate the lost.	DUE TO, OR (b) DUE TO, OR	AS A CONSECUTIVE AS A CONSECUTIVE OF THE PROPERTY OF THE PROPE	DUENCE OF	NOT RELATED TO THE T	TERMINAL DISE	EASE OR COND	OITION GIVEN	IN PART 110	hours
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or Item 18 shows		216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF CEATH	21b. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	216 HOW INJURY OCC	CURRED (ENTE		IN ITEM 18, PART	1 OR PART 2)	
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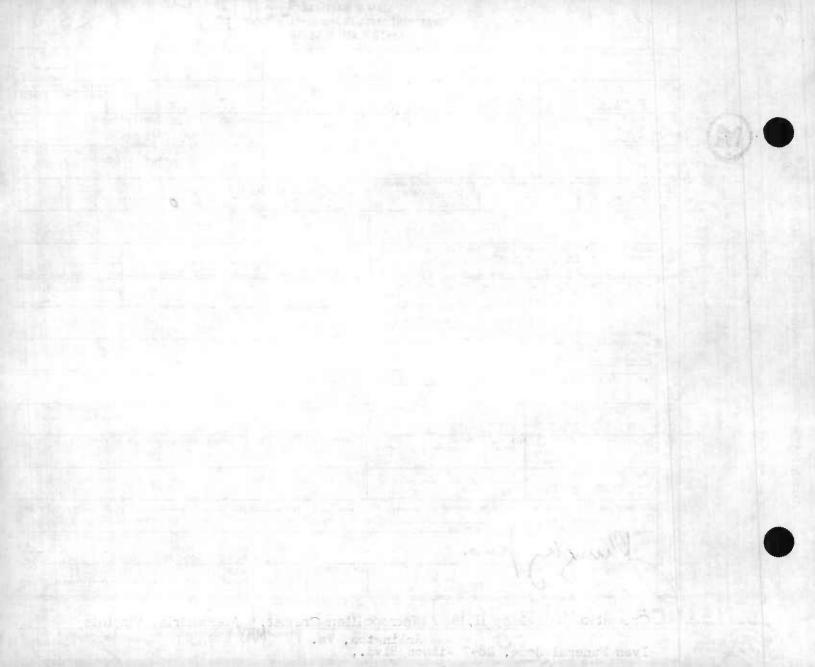
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STATE OF MARYLAND



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	I DE	CEASED NAME FIRST	MIDDLE		LAST _	20. DATE OF DEATH	MONTH DAY YEAR 75 HOUR
nay be page 3 death		BERTH		n.	14215H		5-27-80 920 PM
age 4 ma	3 SE	female	White	5 DATE	of Birth 20° 18 9 4	4. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
r death. P	P	irthplace istate or foreign	USA	UNTRY? MARRIE	DE NEVER MARRIED DIVORCED		OMERY CO , MD.
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LAND 217	USU 13 _R	AL RESIDENCE (# HURSING HOME OF STATE 135 MOI	ROTHER INSTITUTION, GIVE RESIDEN	CKVIILe	134. INSIDE CITY LIMITS? YES 😿 NO 🗌	13s. STREET ADDRESS	ressional Lane #106
AARY ted w ted w d 2 sh d 2 sh	14 F.	ATHER'S NAME FIRST UNKNOWN		nthal	15 MOTHER'S MAIDEN NA FIRST Hanna		Davis
MORE be exe be exe and c ages 1	- (WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI.	al security NO -09-0790	17 INFORMANT	sh same as	ESS
uires that the death certificate need by the attending physicial please remove carbon papers. Furrial, cremation, or removal.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	SOLAR ER	la ps	APPROXIMATE INTERVAL BYWEEN ONSE AND DEATH CARE TE
The law requence that the law requence that then signer or the prior to be shown any in		190 DATE OF OPERATION	IN CONDITION OR	Parp	K. Vos cho ON WAS PERFORMED	200 AUTOPSY? YES NO	ZON IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\exists \)
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TO HOSPIT TO FUNER, should be de with the Sta IMPORTAN	23a	BURIAL, CRIPMATION, REMOVAL	230. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	II d. ml.
BP	1	smcmy) Burial	5/30/80		avid Mem. Ga	rdens Fa	lls Church, Virginia
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral directlyson Wille	eeler Funer	al Home,	Inc. 250. PA	NES'D. BYSBURAR	75h REGISTRAR S SIGNATURE

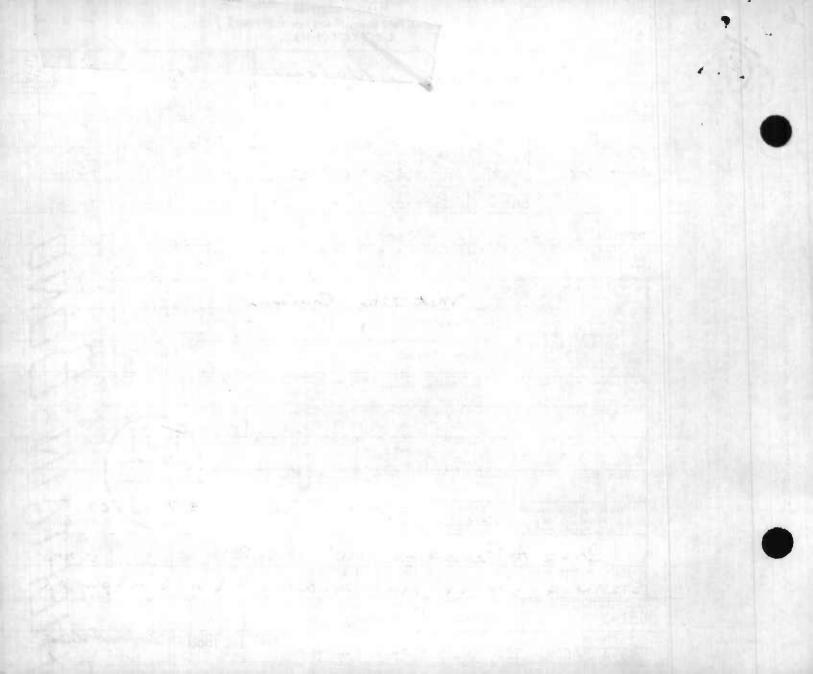
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e e	3 SE	Female	Aucasian //	DAY YEAR 22 06	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
o ato	7r B	RTHPLACE (STATE OR FOREIGN 76)	J.S.A. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	
pe no tit	10 C	ITY OR TOWN OF DEATH	WIDOWE NAME OF HOSPITAL, NURSING HOME C HEREN LENGTH OF THE PROPERTY OF THE PR	OP OTHER INSTITUTION	12e USUAL OCCUPATION OUS EWILD OF WORKING	17h KIND OF BUSINESS OR
must	ÚŠU	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS			
Sould be			dlesex Watertown	YES NO	"56"Chauncey	St. 02172
old 2 sho	14. F/	THER'S NAME Unknown MDE	Mirzajänian	15 MOTHER'S MAIDEN NA FIRST	WE Unknow¶ft ^{ie}	LAST
Pages 1 a	lán V	VAS DECEASED EVER IN U.S. ARMEI (IF YES, GIVE WA		Anna Baker	daughter Ro	Overlea Dr.
papers. emoval. ic even		18 CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED B IMMEDIATE C	one couse per line for (o), (b), and ic).	bulmener	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hen plant to built in your injury injury here.	NO	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1
permit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
er this certificate burial-transit p and Mental Hygie ked or Item 18		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2)
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of Healt		270 I certify that (I) this hospital) sow the deceased alive an abave, (I) (we) (did) (did not) vi	May 8 19 01	nd that in (my) (our) opinion	to	, 19 , that (1) we) lost our and from the causes stated
AL DIRI		Milled R		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED
should be detach with the State D		Wilfred R	Etirmantraut	11125 ROLL	ckulle Pike	Rockville Md
A S	23o E	Bur: - 7	236 DATE 0-80 Ridge	EMETERY OR CREMATORY Lawn Cemetes	23d LOCATION CITY OR TOWN AL MA	COUNTY STATE
MH-16 25M 15, 4) 1/79	P	INERAL DIRECTOR ARSON 'S FUNDRA	1 Home FAIS CHIPPL	MAY MAY	2 0 1980	STRAR'S SISNATURE

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Male Black T2 T6 T5 64 VRS 5000		(TYPE OR PRINT)		Nelson	,	7 80 8
TO BRITHPLACE ISTATE OR FOREIGN D. C. U.S.A. WARRIED NOVECED NOTICE MONT. 10. CITY OR TOWN OF DEATH 11. AMAR OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IP NOT INSURE OR MORE) WAS DECENSED EVER IN U.S. ARMED FORCES? 10. CUSTOMIN OF DEATH 11. AMAR OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IP NOT INSURED AND AND AND AND AND AND AND AND AND AN				MONTH DAY YEA		MONTHS DAYS HOUR
Takoma Park Takom	347	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	I NO
USUAL RESIDENCE (# NURSHOG FOR DETER INSTITUTION GIVE RESIDENCE BRIDE ADMISSION) 136 ISTATE 138 STATE 139 COUNTY 130 ISTATE 130 ISTATE ADDRESS 12230 Viers Mi 137 MONTHERS MANDE 14 FATHER'S NAME 15 MOTHER'S MAIDE 15 MOTHER'S MAIDE 15 MOTHER'S MAIDE 16 WAS DECEASED EVER IN US. ARMED FORCES? 16 WAS DECEASED EVER IN US. ARMED FORCES? 17 MO OR UNMOWN WILL (IF YES, GIVE WAS OR DATES) 18 CAUSE OF DEATH. Enter only one couse per line for 10. 1, ib. and ic. 19 PART 1. DEATH WAS CAUSED BY 19 DUE TO, OR AS A CONSEQUENCE OF 19 DATE OF OPERATION 10 DA	notified	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	(ING LIFE) 12b. KIND OF BUS
TATHER'S NAME James A. Nelson Emma List Mother's Maiden Name First First Module First Module In the Mass Deceased Ever in u.s. Armed Forces? If yes, Greward Roates) To State of Death Enter only one couse per line for io., ib., and ic. PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse io., stating the underlying couse lost Couse io., stating the underlying couse lost If an DATE OF DERATION If DUE TO, OR AS A CONSEQUENCE OF If DUE TO, OR	must be r	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 130 CITY OR	BEFORE ADMISSION) TOWN 130 INSIDE CITY LIMI	S? 13e STREET ADDRESS	
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Brother) ADDRESS Was no or unknown] 187 FEET 187 FEET 187 FEET 187 FEET 188 FEET 18	xaminer.	FIRST	A . LAS	15 MOTHER'S MAIDE	NAME	Lewis
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR 19 19 19 19 19 19 19 1	ws ony injury, or		Letter to the later		20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS L CERTIFYING CAUSES OF D
220.1 certify that (I) (this hospital) attended the deceased from 4-2 19 10 to 5-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.1 certify that (I) (this hospital) attended the deceased from 4-2 19 10 to 5-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.1 certify that (I) (this hospital) attended the deceased from 4-2 19 10 to 5-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.1 certify that (I) (this hospital) attended the deceased from 4-2 19 10 to 5-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.1 certify that (I) (this hospital) attended the deceased from 4-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.1 certify that (I) (this hospital) attended the deceased from 4-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.2 certify that (I) (this hospital) attended the deceased from 4-2 19 10 sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 226.2 certify that (I) (this hospital) attended the deceased from 4-2 19 10 sow the deceased alive and the deceased from 4-2 19 10 sow the deceased from 4-2	em 18 sho		DEATH HOUR A.M. MONTH	DAY YEAR		
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220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	21 is mo	sow the deceased plive of	5-6	200		, 19 KO , that (and hour and from the cause
276 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 220 ADDRESS	VT: If her		A Bours	MD ATTENDE	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN (221. DATE SIGN
SISTEM A. ROKGER WD HOLLOWER LONG W. CLINE	ORTA					
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN COUNTY OF TOWN COUNTY PROPERTY OF CEMETERY OF CEMETERY OF CREMATORY 234 LOCATION CITY OF TOWN COUNTY PROPERTY OF CEMETERY OF CEMETE	4		BURGER,		a Pale n. Sit	ver Spring, m



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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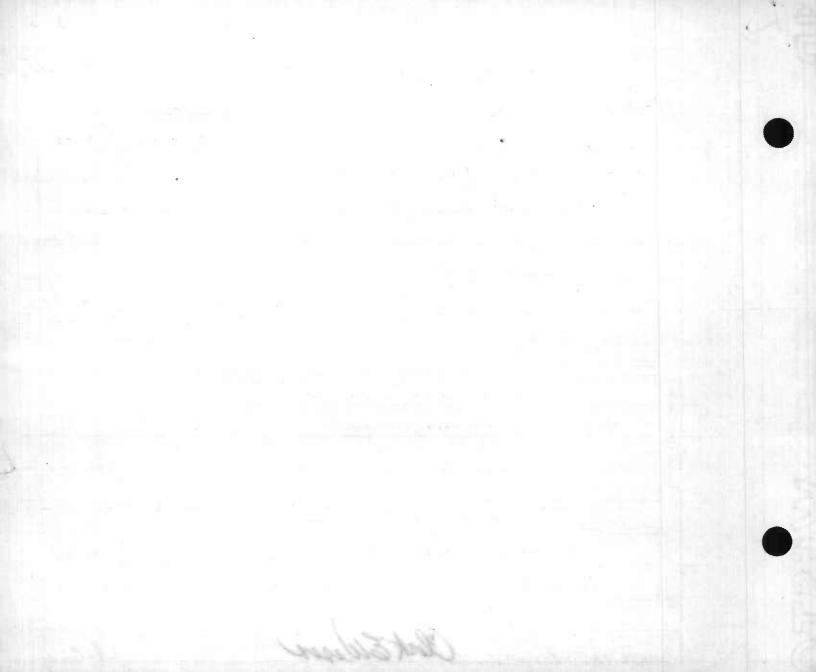
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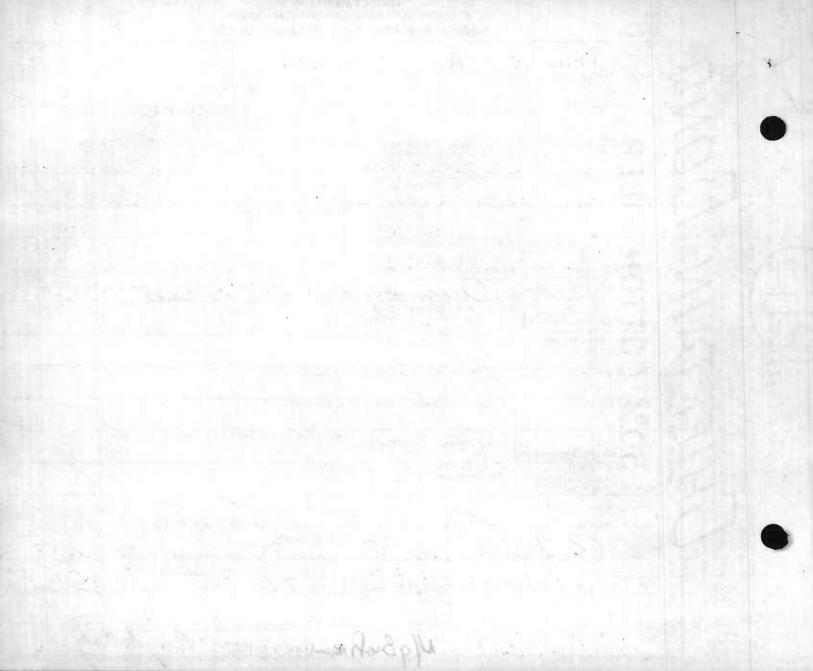
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REG. NO REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Roberta Newton DEATH MATED C. 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE PRONOUNCED Female Cauc. Jan:14,1895|85 DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky U.S.A. □ Montgomery WIDOWED X DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH OR INDUSTRY Bethesda bookkeeper Broad, Brook ret. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 4825 Broad Brook Dr. 13a STATE Bethesda Montgomer 15. MOTHER'S MAIDEN NAME VITAL 14. FATHER'S NAME MIDDLE Miller Corder UNKNOWN) OF VIT Bolin 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Milisse A. Haynes (Same as 13e) 403-03-4650 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Coronary Insufficiency Acate PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Vascular Disease DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which BURIAL, CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 20. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED COUNTY STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Undetermined monner Homicide DATE May 5, 1980 ACTUAL SIGNATURE. John G. Ball. M.D. EXAMINER'S NAME 7936 Old Gwtn. Rd. Bethesda.Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Gate of Heaven Cem. Silver Spring BURIAL 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 17 MAMEHomes, P.A., Bethesda, Maryland (VR A15 ME (5)) 15M 7/76

THE PROPERTY AND ADDRESS OF THE PARTY. 5.4 THE RESERVE OF THE PARTY OF THE own stuff it on the earliest and the last of the last (stimulation) opens. ... accention of the contraction The Alexander of the Committee of the control of th The state of the s The state of the s

1.	FOR - STATE REGISTRAR		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	1 3 3 6
	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26. HOUR
	Rober.	+ -J No	ethern JR		5-13-80 7:28
3 SE	X	RACE 5.	DATE OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHE	ACCRECATE DESCRIPTION DESCRIPTION OF
V	NALE	White	MONTH DAY YEAR	63 XX	MONTHS DAYS HOURS
7a. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR	I NO.
d Fr	OUNTRY)		MARRIED NEVER MARRIED	m. 1-0-	
10.0	Maryland ITY OR TOWN OF DEATH 11	I NAME OF HOSPITAL, NURSING,	IDOWED DIVORCED DI	12e USUAL OCCUPATIO	NOR I COUNTRY
1 6 5	1 (IN NOT IN SUCH FACILITY, GIVE STREET ADDI		(TYPE OF WORK FOR MOST OF V	
90 0	luce spring		ospital	C.P.	A U.S. Son
USU 13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADA		13. STREET ADDRESS	0.5. 50.
Mar	vland Montg	omery Sil Spr		13408 Done	anaton Tono
	ATHER'S NAME		15 MOTHER'S MAIDEN NAM	AE .	caster Lane,
50	FIRST MIDI		FIRST	WIDDIE	LAST
164.3	Robert VAS DECEASED EVER IN U.S. ARME	J Northe	110 117 015 00 11117	ADDRES	Gifford
	YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	1 (W) T	(9)	3
	yes WW	11 214-09-04	03 Joan Northe	rn- (same	as 13e)
-	IL CAUSE OF DEATH (Enter only of	one cause per line for (a), (b), and ic			APPROXIMATE INTERVA
- 1	PART I. DEATH WAS CAUSED B		Boerhaaves Syn	volrome	4 more
	5354	· · · · · · · · · · · · · · · · · · ·			
	Conditions if any ship	DUE TO, OR AS A CONSEQUENC	E OF		
	Conditions, if ony, which gove rise to immediate	(b)			
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENC	E OF		
		(c)			
7	PART 2 OTHER SIGNIFICANT COI		TH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDI	TION GIVEN IN PART 1101
호		Renal Facture			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE			20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
24 8	1/16/50	RUPTURED E	S ODHAGO'S	YES NO	YES NO
5 E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
/ 4	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]		3		
MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM,		CITY OR TOWN	COUNTY STAT
- 1	22a I certify that (I) (this hospital)		JANUARY 15, 19,80	to may	13 , 19 50 , that (1) (me
	and the decree half and	MAY 13 19 80	, and that in (my) (ou r) opinion o	leath accurred on the date	e and hour and from the causes stat
	sow the deceased alive on				226 DATE SIGNED
	above, (I) (wo) (did not) v		DEGREE		IM. DATE STONED
	above, (l) (we) (did not) v	ory Hears	ATTENDING	MEDICAL STAFF	5/12/5
	obove, (I) (wol-lehd) (did not) v 22b. SIGNATURE	ory Hears	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	5/12/5
)	obove, (I) (moheld) (did not) v 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR	ty Heels	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIA	an 5/13/80
1	obove, (I) (wol-lehd) (did not) v 22b. SIGNATURE	ty Heels	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	5/13/80
230 8	ODOVE, (1) (MOHHHH) (did not) v 127b. SIGNATURE 127d. PHYSICIAN'S NAME (TYPE OR PR BARRY H BURIAL, CREMATION, REMOVAL	HELDIS HELDS	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIA	SIVEL SALA
	obove, (I) (wohld) (did not) v 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR BARRIES H	HELDIS HELDS	ATTENDING PHYSICIAN 220 ADDRESS 10620 GE	DIRECTOR PHYSICIA	an □ 5/13/80



77		1	FOR					MAKILANU	IEAIE			
10			STATE					AND MENTAL HYG	79 11	1 5	5 6 7	
	100		REGISTRAR		WEL	DICAL EXAMIN	ER'S	CERTIFICATE OF D	PEATH REG	. NO.		
		I. DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNOWN	MONTH	DAY YEAR 26. HOL	JR
1	шелаю.	(TYP	E OR PRINT) PAL	LLINE		A. I	VINI	IN AN	OF ESTI- DEATH MATED	D4-1	1 70 70	0
4	E E E E E	3. SE)	4 RACE		OF BIRTH	6, AGE (IN YE	ne IE III	DER 1 YR. IF UNDER 24 H		MONTH	6 19/000	M
	PLE CT LINE FILE OR STRE	3. 3E/	KACE	MONTH	DAY	YEAR LAST BIRTHD				1	DAY YEAR 2d HOL	10
	S S S S	Fen	ale white	tan	24	1914 66 YF	S.		DEAD	5-11	2 19800	M
	SSA SAE ALIN	70 B	RTHPLACE (STATE OR			AT COUNTRY?	8.	IED NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	-
	S NECESS ARY, PLEASE FUNERAC DIRECTOR 5 FOR YOUR FILES D, WITHIN 72 HOURS W PRESTON STREET,		REIGN COUNTRY)				WIDOW			gomery		
	S NE FU	10 €	braska IY OR TOWN OF DEATH	II NAM	USA FORHOS	PITAL, NURSING HOME			USUAL OCCUPATION		b. KIND OF BUSINESS	MD.
	PAGE 3	T	neaton			ILITY, GIVE STREET ADDRESS)	, 01 011	EK INSTITUTION	FOR MOST OF WORKING (IFE)		OR INDUSTRY	
	ELA FLA S. S.			122		ushey Dri			Retired 1	R.N. U	J.S. Govt	
_	IF ANY DELA 2, AND 3 TO 3. RETAIN P. SHOULD BE IR RECORDS.		L RESIDENCE (IF IN NURSING	COUNTY	TITUTION, GIV	13(. CITY OR TOWN	(MC	13d INSIDE CITY LIMITS? 13e	STREET ADDRESS			
21201	AND								12202 Bush	nev Dri	VA .	
	SH SH	14 E		Montgom	ery	Wheaton		15. MOTHER'S MAIDEN N		icy Dia		=
WD	PM 3.		THER'S NAME	WIDDLE		LAST		FIRST	WIDDIE		LAST	
	CGES 1 CGES 1 CGES 1 AND OF VI		larence	S.		Petersor		Ruth			Norseen	
Q			VAS DECEASED EVER IN L	I.S. ARMED FORCES, GIVE WAR OR DATE		166. SOCIAL SECURIT	NO.	17. INFORMANT (Si	ster) RtDDR	Peac	e Valley	,
BALTIMORE,	SOIC			ione		579-58-58	204		erndt-Mo.			
8 A	WITH PAINT		18. CAUSE OF DEATH (E		re ner line		701		1 0	5 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	=
ST.,			PART I DEATH WAS O	AUSED BY:	((1.1.5.1.1.		. (V 0)	412.	V	BETWEEN ONSET AND DEAT	lie .
z	HIN 24 HO IN ITEM 1 R ALONG SIT PERMII HYGIENE,		171/9 IM	MEDIATE CAUSE		anno		- myng	Dieas	es		-3
PRESTON			1177		E TO, OR	AS A CONSEQUENCE	DF.	0				
8	ENCEL IN AMINER A AMINER A TRANSIT ENTAL HY		Conditions, if ony, gove rise to imm		(b)							= 0
*	EV INCHAR		couse (o) stating the		E TO, OR	AS A CONSEQUENCE	D#			TT TO POST		=
301	日中のコイド		lying couse lost.	1	£2511					3.0		
S,	OULD BE EXECUT "PENDING" IN IIEF MEDICAL EN ISED AS A BURIA F HEALTH AND A CREMATION, OI		PART 2 OTHER CICNICICANT CON	MITIMUS CONTRIBUTION	C TO OCATA I	HIT NOT BELLITED TO THE YEAR	MAL BICCAS	E OR CONDITION GIVEN IN PART I				=
2	TO A H	z	TAKE Z OTNEK SIGNIFICANT CON	OITIONS CONTRIBUTION	O IO OTAIN	IUI NUI KELAIEU IU INE IEKM	INAL UISEAS	E OR CONDITION GIVEN IN PART I	0.			
DIVISION OF VITAL RECORDS,	MEDICA MEDICA AS A ALTH A	CERTIFICATION										
oc.	HIEF / USED USED OF HE/ CRE	13	190. DATE OF OPERATIO	N 191	b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20. AUTOPSY?	
¥.	SHO CHIE OF OF AL,	Ē								K 75 19	YES NO I	1
>	THE BENT BENT BUR!	E S	210 EXTERNAL CAUSE V		. TIME OF			OW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	2)	
0	FICA THE OUL RTME TO B		UNDERLYING OR CONTRIBUTING CAU	Н		MONTH DAY YEAR						
ō	SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOUT SHOT SHOUT SHOT SHOUT SHOT SHOUT SHO	5	21d. INJURY OCCURRED		P.M.	FINJURY (ATHOME.	214.40	CATION				-
<u>≥</u>	VRITING VRITING ARDED ARDED GE 3 S VIE DEP OI PRIC	MEDICAL	WHILE NOT WH			ORY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	TY STATE	E
۵	ARE OF PORTION	1	AT WORK AT WORK									
	R: THIS CERTIFICATE SHC TE, WRITING THE WORD REWARDED TO THE CH SPAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIAL,		22-1	al a series of all a series		. No. of the control			Inquiry L	1.		_
			220. I certify that I too	k charge of the re	moins desc		Autop			ond in my opin	on	
			death resulted fram:	Notural couses	4	Accident L.I., Su	icide 🔲	, Homicide U	ndetermined manner			
	EXAMI CERTIFICATION BE DIRECT WITH		1071111	()	110	VIII A	1	TITLE (SPECIF	_			
	AL EXA HE CER HOULD AL DIR TH, WI MARY		ACTUAL SIGNATURE	Mud	Cd-	Wall	DN	D. Dearis	MEDICAL EXAMINER	DATE SIGNED	marel (!	780
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT						6		0 11		an 1	7/
	NO WE		(TYPE OR PRINT)	ICHAR	00	JUNE	TA	Arbosse 7/20	1 Sallen	40 . 6	ox Wast	6.4
40.1	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BALTIMORE, MA	22 a D		DVAL 225 DATE	7	Inc. NAME OF CE	ACTEDY C	COEMATORY 12	d. LOCATION		Constant	置く
34	F m d F < 40	230.B	URIAL, CREMATION, REMO			23c. NAME OF CE			CITY OR TOWN	COUNTY		
	BP		Burial	15-19	9 - 80	Parkla	wn C		ockville	Montg		-
	DHMH - 17	24 F.	Warner E.	Pumphre	2 Vanores	Inc., u	0	250. DATE REC'	D. BY REGISTRAR	REGISTRAR'S SIG	NATURE 13	
	(VR A15 ME (5)) 30M 7/73				.S.	Md. Mab	Nas	Alundary 2 2 1	980	304 1763CV	toolig	
	JUM 7/73	-	0434 Id. P	VE. D			VIII		JUU	1		=



1	FOR		DEPARTMENT OF HEAL	TH AND MENTAL HY	GIENE .	7 1 7 0
1	- STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	3 3 / 4
	DECEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR THOU
1	TYPE OR PRINT) Roga	r	Lawrence	Odette, Sr.	OF ESTI-	13 1980 P.
3. 3	SEX 4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 2		DAY YEAR 124 HO
	Male White	Nov. 24,	1926 53 YRS.	ONTHS DAYS HOURS	PRONOUNCED DEAD	14 1980 A.
	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRYS IA	RRIED X NEVER MARRIE	9. BALTIMORE CITY OR COUN	
	Massachusetts	U.S.A.	WID	OWED DIVORCE	with a	
10.	CITY OR TOWN OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME, OR		126. USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
	Olney		achity, give street address) ueen Mary Driv	۵	Ret. Owner	Truck Deale
US	UAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)			, IT dek beare
	Maryland Mont	gomery	Olney	13d. INSIDE CITY LIMITS? YES X NO	3420 Queen Mary Dr	rive
14	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	AND DIF	LAST
	Lewis	Edward	0dette	Azilee	В	ottume
160	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	yes WWI	I	032-16-0993	Joan L. Od	ette (same as 13e)	
	18 CAUSE OF DEATH (Enter o	nly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I DEATH WAS CAUSI	ED BY: ATE CAUSE (a) A	cute myocardia	l disease.		SET WEET OF SET AND DEA
	4291		AS A CONSEQUENCE OF			1
-	Canditions, if any, which					
	cause (a) stating the under		AS A CONSEQUENCE OF			
	lying cause last.	(4)				
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART	1 (a)	
1 2			None		. 102	
	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
1 3	None					YES NO
	None 210. EXTERNAL CAUSE WAS	21b. TIME OI		HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	
13	UNDERLYING OR		A. MONTH DAY YEAR	Man		
MOIT & District of the District	CONTRIBUTING CAUSE OF	21e PLACE		None		
1 3	WHILE NOT WHILE AT WORK		TORY, FARM, ETC.)	STREET	CITY OR TOWN	OUNTY STATE
	AT WORK AT WORK					
	22s. I certify that I taak char	ge of the remains des	scribed above, held an Au	tapsy , Inspection	, Inquiry X, and in my o	ppinion
230	death resulted fram: Nati	ral causes X,	Accident , Suicide	, Hamicide ,	Undetermined manner .	
			01-	TITLE (SPECIFY)		
1	ACTUAL SIGNATURE	05	1// 511	Deputy	MEDICAL EXAMINER SIGN	5/14/80
3	EVALUE OF STATE OF ST		9	1919 S		
-	EXAMINER'S NAME (TYPE OR PRINT) Joh	n S. Roger	rs, M.D.	ADDRESS_Silver	eminary Road Spring, Montgomer	y, Md.
23	BUDIAL CREMATION PEMOVAL	23b. DATE	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION	NATION A SOLIT
	(SPECIFY) Burial	5-17-80	GATE OF HE	AVEN CEMETERY	SILVER SPRING MO	ONTG. MO".
	FUNERAL DIRECTOR		ROCK		C'D. BY REGISTRAR 25 REGISTRAR'S	SIGNATURE
R	OBERT A. PUMPHRE	Y FUNERAL	HOMES P/A	MD. MAY 2	2 1980 Juny	Creedy

net about	2000 C		- 15 C	
Year and	result of the			
No sougho.	no Fig.	dette	1 brews	Thou
(off a	n.L. Jacke (sages a	32-16-0198 tha		

the same of the sa THE REPORT OF THE PARTY OF THE PARTY. Nº 2 C a achievado Bally & HEAD BAROKS HEATON 12 No. 41 P. H. W. H. W. LILLINGSARRIES U.S. BOYT. BET. OFFLAGERTY KARRARET SHALL SELECT TY2-24-5672A WRIE A. O'PLAURTY (SAME AS 13c) = A (NOMUSA) 73/33/M CHIEF THE TOTAL ACTION OF THE FRANCE INTERNAL MENTAL TO DE MAN 24 TO VINE Settle of London and London and London DE NOT DIVINIZACIO WIN TE BYE SITI MA ZMALLENO L VERNETE BURING 5-28-80 GATE OF HEAVEN CEM. SILVER TRING WORTE. MIL. ROLERT A. PURPERREY FULLERAL HOMES PAR DOCKVILLE completely filled in by the funeral direct and 2 should be filed within 72 hours

FOR STATE REGISTRA	R
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 10	. A	 2.00			
ರ	0	3	3	1	6
RE	G. NO.				

REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
1 DECEASED NAME	FIRST	,	HIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
[TIPE CHEPRINT]	Thomas		R.	PAG	GEL	May	11	1980	905P
3 SEX	4	RACE		5 DATE C		& AGE IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male		Caucas	ian	Marc	ch 25 1980		YRS	MONTHS DAYS	HOURS MIN
7e BIRTHPLACE (STATE OR COUNTRY) Philippin		USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED A	9 BALTIMORE CIT	Y OR COUN		M
Bethesda	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	NG HOME (OR OTHER INSTITUTION	Montgom 12e USUAL OCCUP (TYPE OF WORK FOR MO	ATION		F BUSINESS OF
USUAL RESIDENCE IN NUI 13e STATER EPUBLI of the Phili 14 FATHER'S NAME FIRST	dish COUNT	THER INSTITUTION, Y	GIVE RESIDENCE BEFOR	RE ADMISSION)	134. INSIDE CITY LIMITS? YES NO SMAIDEN NAME FIRST	N/A 13e STREET ADDRES 28 8th	Street	LAS	
Kennet	h Î	DDLE	Pagel		Marie			Cabaner	
160 WAS DECEASED EVER	(IF YES, GIVE W		N/A	JRITY NO	17 INFORMANT Kenneth B. Pa		item		
	nmediote ing the e lost	(b)		ENCE OF	Nervous B	YSTE M I A INAL DISEASE OR CO			01
190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDING TIFYING CAUSES YES	
OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER) RRED	P.I	M. MONTH D M.	AY YEAR 19 FARM, ETC I	211 LOCATION STREET	CITY OR		(COUNTY	STATE
220.1 certify that () sow the deceo above. () (we) 220. SIGNATURE LODA 224 PHYSKIAN'S	(this hospito sed alive on (did) (did/not)	May 11 view the body	atter death.	N T	DEGREE ATTENDING PHYSICIAN 22 ADDRESS National Nav.	MEDICAL S	TAFF	22c. DATE May	SIGNED 12 1980
ALDK K	DEM		mc usn	20	EMETERY OR CREMATORY	123d. LOCATION			
230 BURIAL, CREMATION (SPECIFBUTIAL)	I, REMOVAL	23b. DATE			m Houston	San A	ntonio	Bexar T	exas

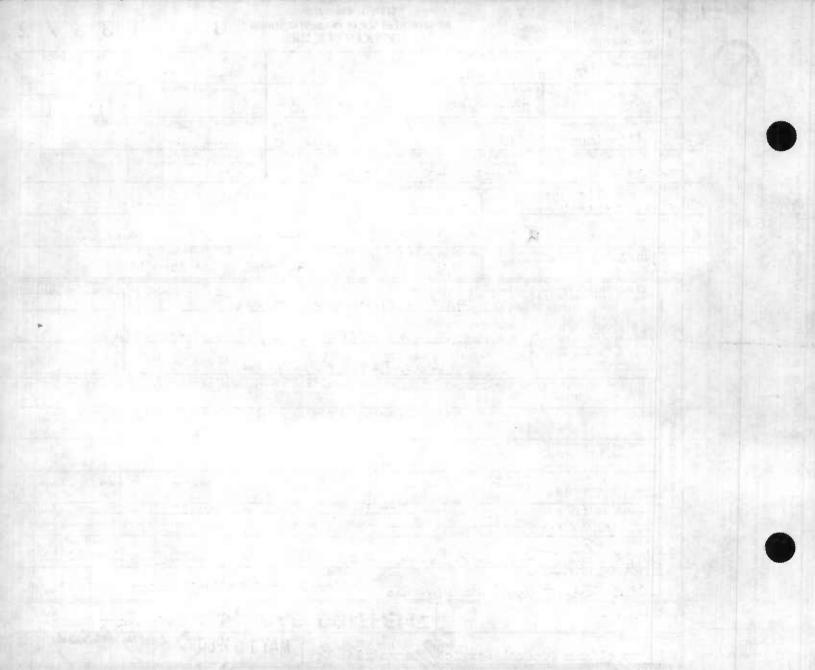
DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR

Metropolitan Funeral Service Alexandria, Va.

San Antonio Bexar Texas 25 DAVE REC'D BY DEGISTRAR 25 D. REGISTRAR'S TO GUES



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Midtle 2g. DATE OF DEATH 2b. HOUR 0 pud (Type or print) Manth Yeor 2:204 (NMN) BERTHA GRACH May 30 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH 72 hours after IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS Female White Aug., 5, 1903 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 hau (OUNTRY) Netherlands filled in Montgomery WIDOWED [DIVORCED USA event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY carban Silver Spring Holy Cross completely Companion 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 💂 NO [Md. Montgomery 14643 Bauer Dr. #310 Rockville and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost and Moses Pagrach Jacoba Schaap 16b. SOCIAL SECURITY NO. 17. INFORMANT Kensington, Md. 2079 (55) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service)
None Yes pa, or unknown) ar removal, 071-30-6589 Meyer Schwarz-friend 3505 Stark St. 18. CAUSE OF DEATH (Enter only one cause per line_far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY week IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF CARCINOMA Conditions, if ony, which gove) 13RONCHIO 1AT burial-transit rise to immediate couse (a), by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar ta has been ATTENDING PHYSICIAN: The law 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 31 H(20+1980, to MA, 30, 1980, that (1) 22a. I certify that (I) (this hospital) attended the deceased fram_ saw the deceased glive an may 29 19 80, and that in (my) (our) apinian death accurred an the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS 10400 CONNECTZUS NAME (Type) 20793 KENSINGTON 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CREMONAL (Specify) 5-30-80 Lee's Crematory 300 4th St. N.E. Wash.D.C. 2Sa. BICO BY-REGISTRAL 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Lee Funeral Home 300-4th St.N.E. Wash.D.C. 30M REV. 1/68 DATE

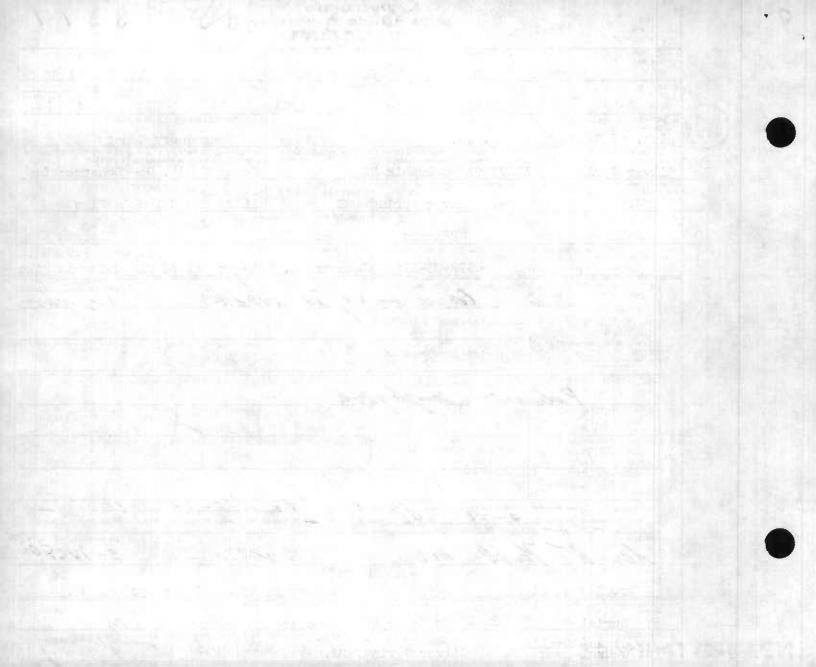
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24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79

FOR

REGISTRAR

- STATE

Balto., Md.

25e. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

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DAY

MONTGOMER 126 KIND OF BUSINESS OR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

DAYS

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2h. HOUR

HOURS.

IF LINDER 24 HRS

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20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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COUNTY

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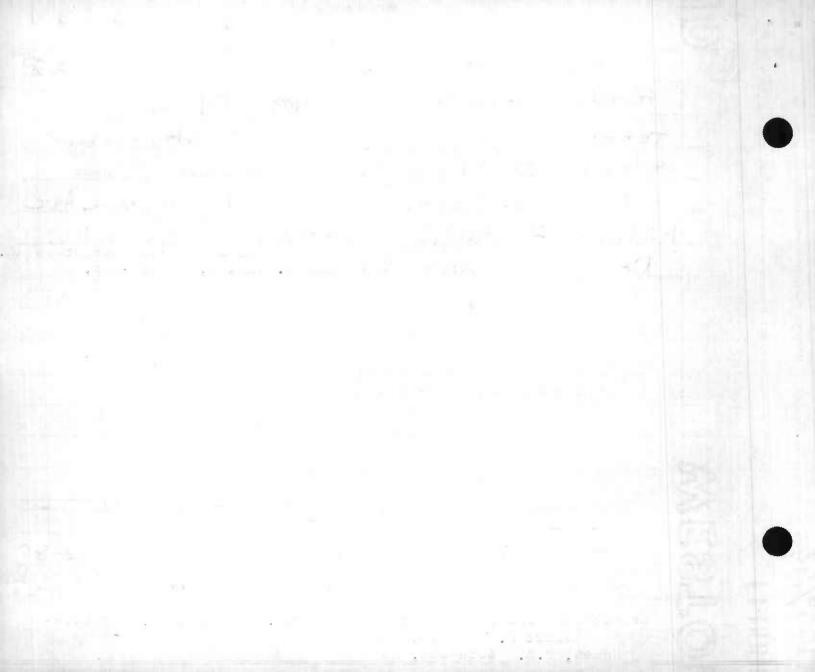
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COUNTY

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ADDRESS Anatomy Board

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 "Walker of the low requires that the death certificate be executed within 24 hours not ending physician. When this certificate has been signed by the ottending physician and completely filled in by as the buriolitrons of permit. Then please remove corbompopers. Pages fand 2 should be fill the and Membel Hygene prior to buriol, cremotion, or removal or the medical examiner massible in a contract of the permit. Balli, Deputy Medical	OR CONTRIBUTING [] JIF EITHER, NOTIFY MED 214 INJURY OCCU	CAUSE OF DEATH HOUR A.M. M PICAL EXAMINER) P.M. RRED 21e PLACE OF INJU	ONTH DAY YEAR	21c HOW INJURY OCCUR!	YES NO RED JENTER NATURE OF INJUR	
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DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

REGISTRAR

- STATE

24 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F. H [250. DATE REC'D. BY REGISTRAR [250. REGISTRAR'S SIGNATURE Washington, D. C. 232 Carroll Street, N. W.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

26 HOUR

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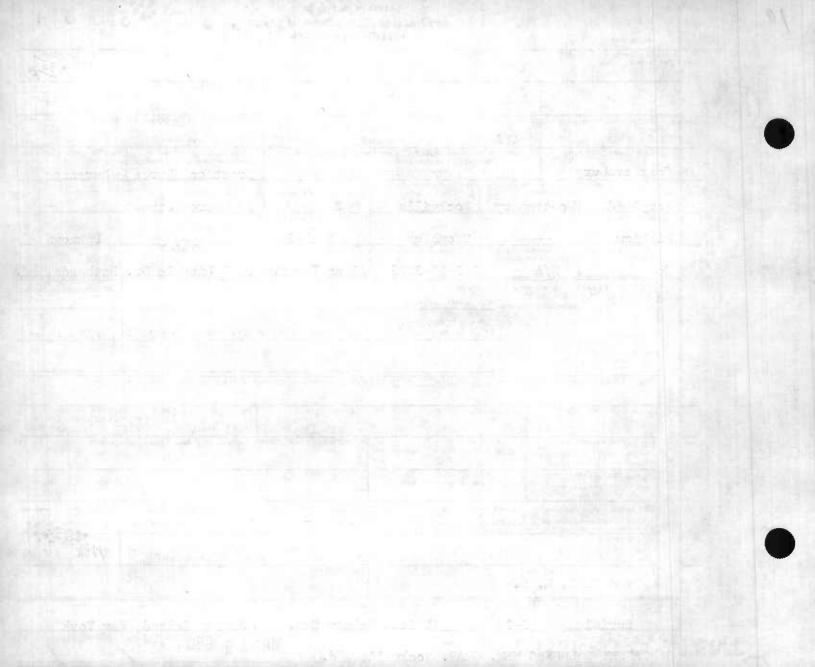
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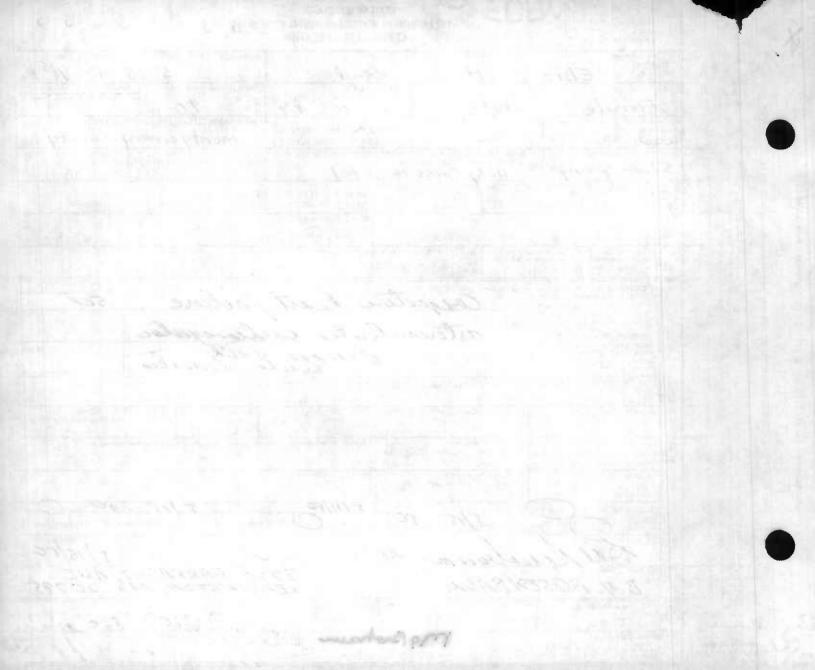
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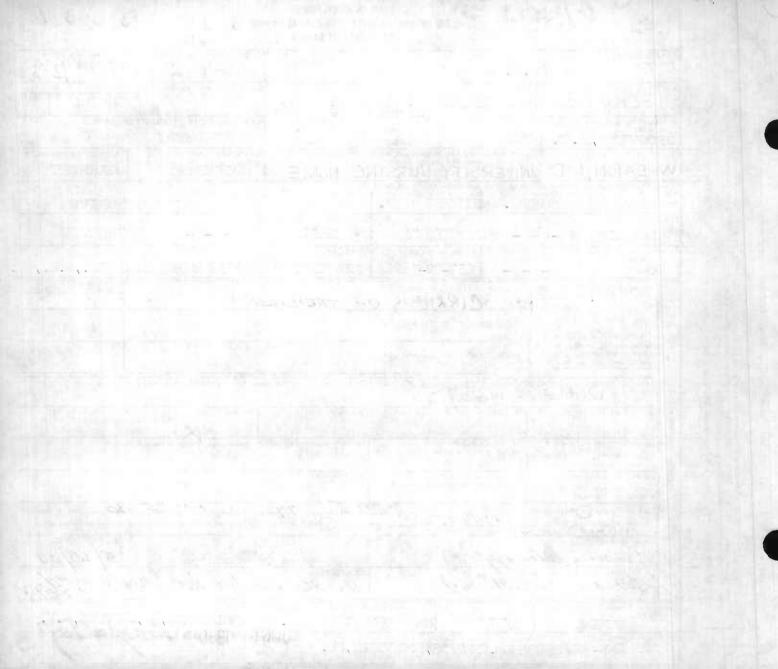
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		OLI AIN	CERTIF	ICATE OF DEATH	, iches	REG. NO	D.		
		CEASED NAME FIRST		MIDDLE	I	AST	2a DATE C	OF DEATH	MONTH DA	Y YEAR	2b. HOUR
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Q		nsington	Circle	Manor Nu	irsing	Home	Ret.	Sales	Clerk	Dent	Store
3	13a S	AL RESIDENCE (IF NURSING HOME OR STATE Aryland Prince		13c CITY OR TOV E. Rive:	/N	13d INSIDE CITY LIMITS? YES NO [13e STREET 611	ADDRESS 2 Long	fellow	Stree	t
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)	16a W	VAS DECEASED EVER IN U.S. AR. (ES. NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRE	SS		
		No		577 01	6776A	Harry A. Het	tzler	Same	as #13		MATE INTERVAL ONSET AND DEATH
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	9	22d. PHYSICIAN'S NAME (TYPEO		HARGE	_	22e ADDRESS 37	20 F	TON	MD	AUE.	795
-	230 B	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOC	ATION OR TOWN		OUNTY	STATE
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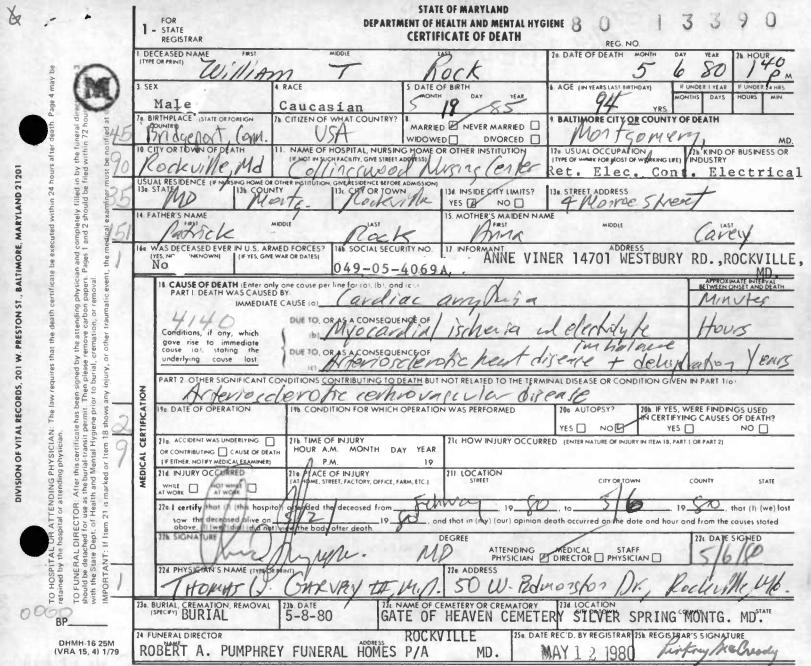
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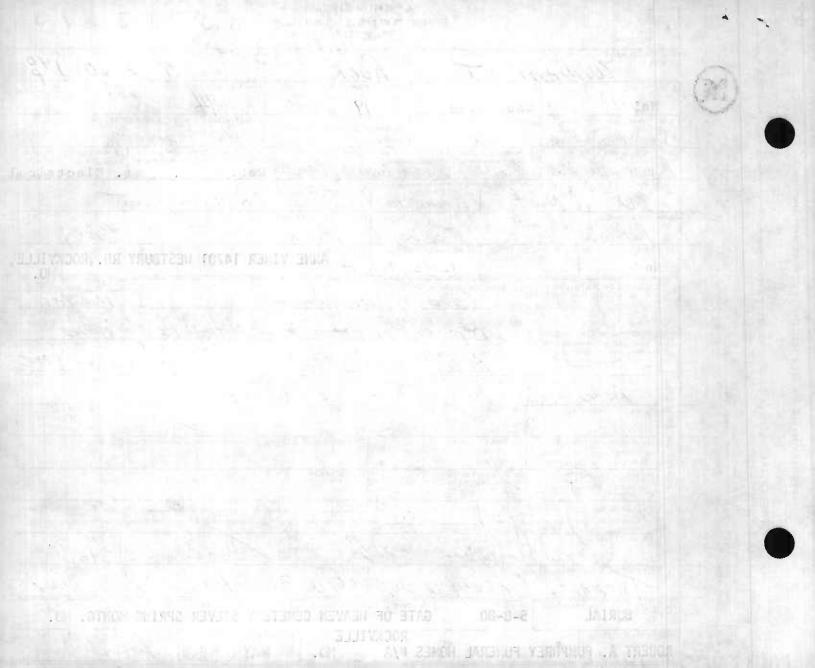
Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

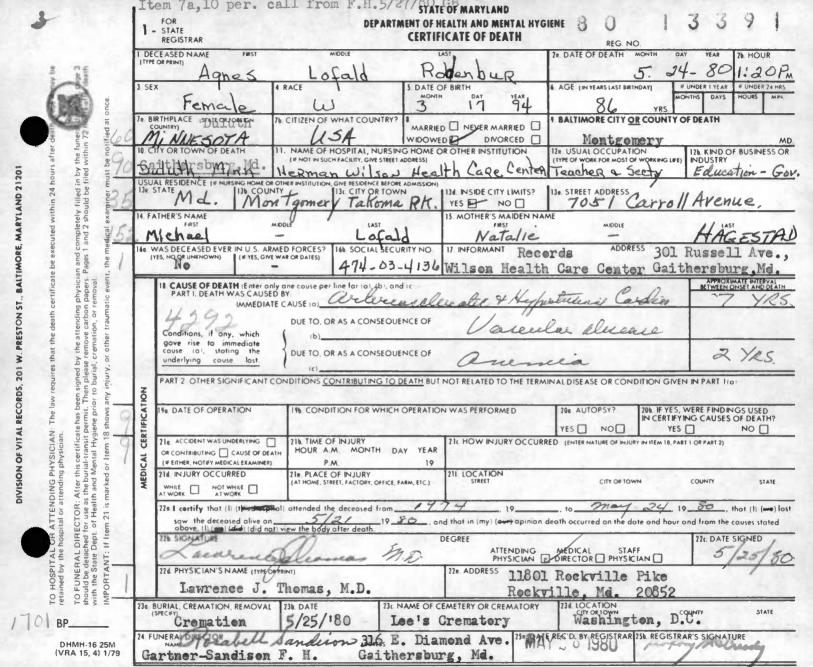
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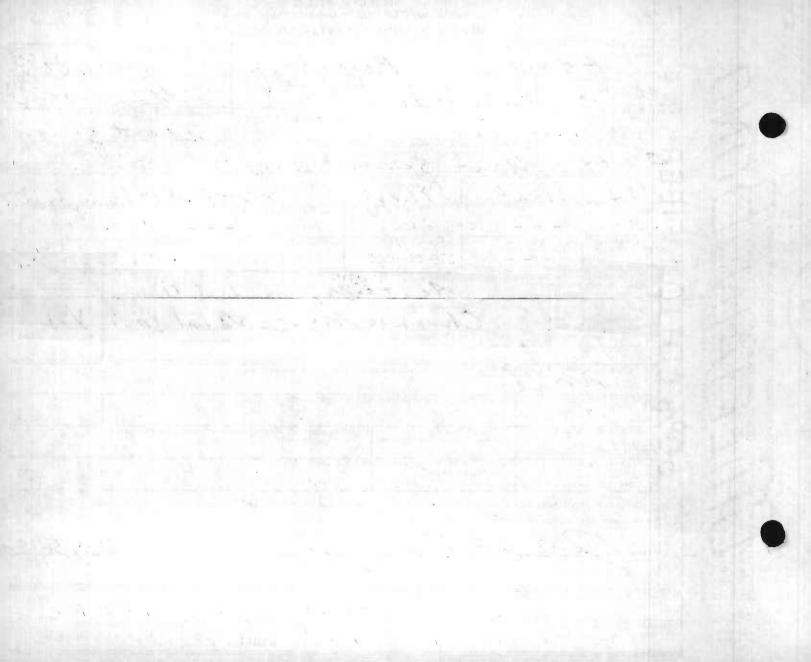


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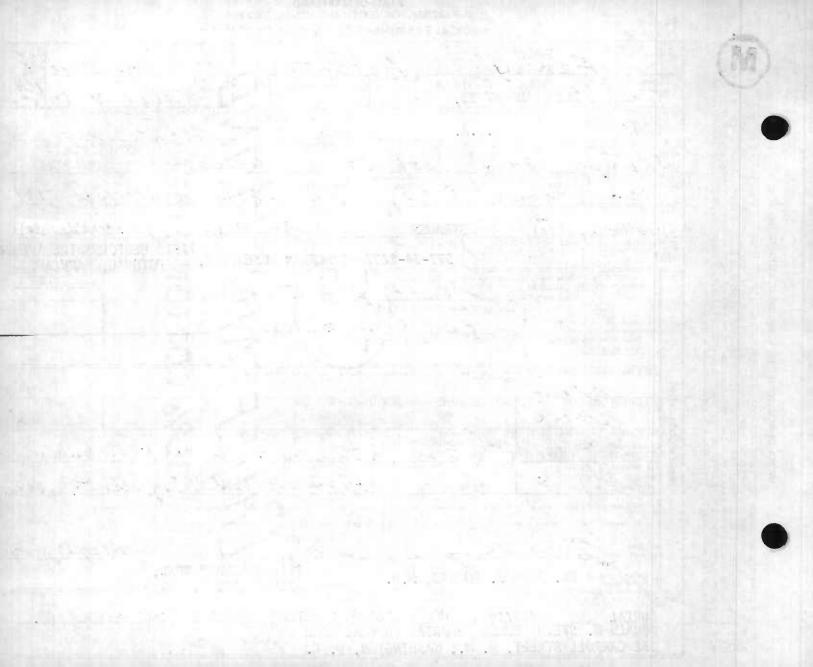


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ORE,	and co	E I		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE:			rland
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S, 201 W. PRESTON ST., E	requires that the death certificat, signed by the attending physicis on please remove carbon papers, to burial, cremation, or removal.	injury, or other traumatic e	7	Conditions, if any, which gave rise to immediate cause lost, stating the underlying cause lost.	DUE TO, C	Sepsis DRASA CONSEOU RECUYIE DRASA CONSEOU REIZUI	ENCE OF	Stocke Sox LW NOT RELATED TO THE TERM	ainal disease or cond	ITION GIVEN IN		ATE INTROVAL
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	pital or atten ECTOR: After for use as the	em 21 is		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 4/Z	0/198		nd that in (my) (my) apinian	death occurred on the do			at (I) (we) last
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Page 4 may be

within 24 hours after death.

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certificate be

requires that the death

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ľ	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0053	40		•
	ECEASED NAME FIRST		MIDDLE	·	AST	20. DATE OF DEATH	HTMO	DAY YEAR	2b.	HOUR
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3 SE	EX	4 RACE	The state of	5 DATE C		& AGE (IN YEARS LAST BIRTH		# UNDER I Y		UNDER 24 HRS
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13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN LTYLAND		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Damascus	N	13# INSIDE CITY LIMITS?	130. STREET ADDRESS 10724 Midd	lebor	o Dri	ve	
	ATHER'S NAME Melvin Jos	middle eph	Gerrard		IS MOTHER'S MAIDEN NAV	ME MIDDLE Vada		Во	LAST ules	5
	WAS DECEASED EVER IN U.S. AR		164 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S			
	(18 AES' CIVIL	E WAR OR DATES)	34/-26-0		Charles Rushi	ing Cantain	USN ((Ret.)		SAA
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ΙĔ					74	YES NOT		FYING CAU		OFATH?
	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH DA	AY YEAR 19	2)c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, I	PART I OR PART	2)	
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15	saw the deceased alive an abave, (1) (we) (did) (did no	it) view the body	ofter death.	, a	nd that in (my) (our) apinian	death occurred an the da	re and hav	ir and fram	the cau	ses stated
	226 Grature C	Colli	ugton	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	AND	-	May	7 1980
1	Charles C.		noton		22. ADDRESS National Nav			r Bet	hesd	la, Mo
230	BURIAL CREMATION, REMOVAL (SPECIFY) Burial	May 1	Comment of the commen		ton National (23d LOCATION CITY OF TOWN	Arli	county	21	STATE . BV

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

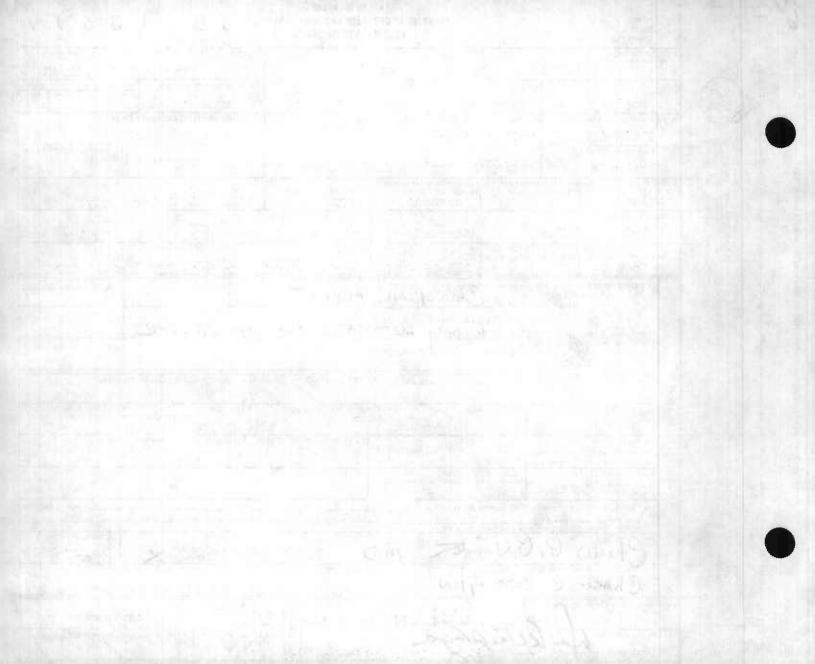
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

Murphy Funeral Home

FOR

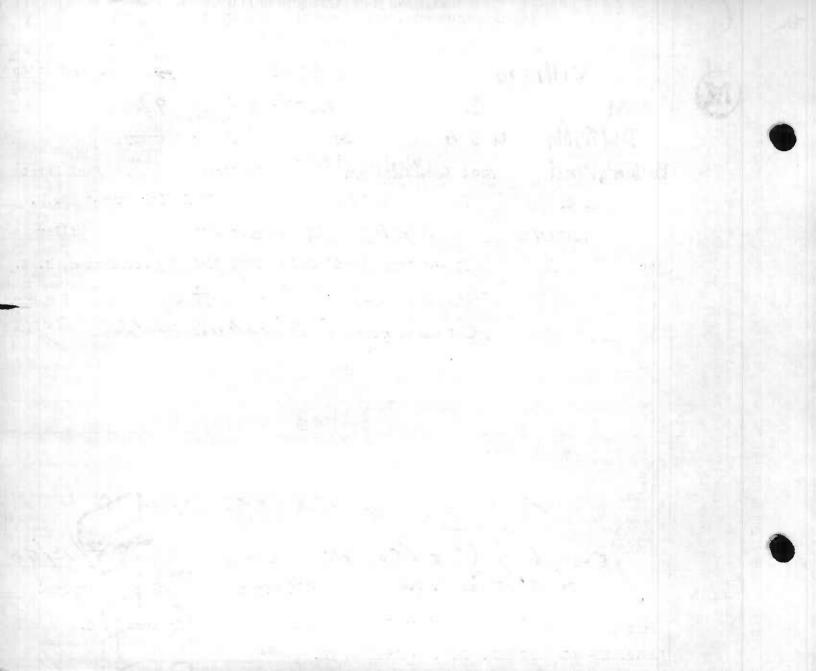
Wilson

Blvd. Arlington



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) William IF HNDER 24 HRS 3. SEX 6. AGE (In years S. DATE OF BIRTH DAYS lost birthdoy) MONTHS I 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED the attending physician and campletely filled in sit permit. Then please remave carban papers. DIVORCED | WIDOWED Montgomery 120. USUAL OCCUPATION (Kind of work done 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Realtor **INDUSTRY** Real Estate 13c. CITY OR TOWN (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE YES 😿 NO N/A 3227 45th Street, N. W Washington any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Sarah Miller and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service)
N/A David Sachs, 3227 45th NW, Washington, D. 578-01-3220 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditians, if any, which gave burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF the haspital or attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES [far use Health 21o. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical exominer) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) State 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County While Not while 22a. I certify that (I) (this haspitol) ottended the deceosed from 19 0, and that in (my) (aur) apinian death occurred on the date and hour and from the pe retained causes stated above. (1) Two (did) (did not) view the bady after death. 225 SIGNATURE 22c. DATE SIGNE el Carpedil ATTENDING PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S O FUNERAL Joseph Wallace, M. D. AME (Type) 5272 River Road, Bethesda, Maryland director, 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION, REMOVAL (Specify)
Burial 5-14-80 Ohev Sholom Cemetery Washington, D. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR horrow /K VR A15 (4) 3 1980 25m-1/70 DANZANSKY-GOLDBERG MEM. CHAP. Rockville, Md.



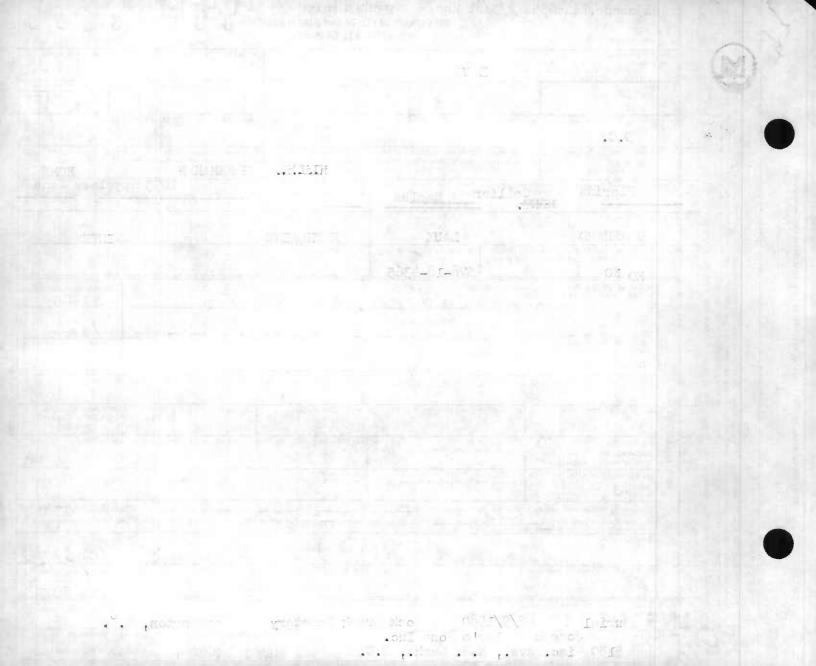
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FOR

2b HOUR 8:05pm May 28, 1980 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER LYFAR AONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Dental Lab. 4501 Franklin Street Pollv 578-03-3121 Virginia E. Saul (Same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Judde RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) COUNTY STATE 19 80 and that in (my) (our) apinian death accurred an the date and hour and from the couses stated 22c. DATE SIGNED 29 /Va PHYSICIAN DIRECTOR PHYSICIAN 18111 Pr Philip Or 20832 COUNTY STATE Cedar Hill Cemetery Suitland Md24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250 DATE HEC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 NAME Homes, P.A., Bethesda, Md. (VR.A 15 (4))

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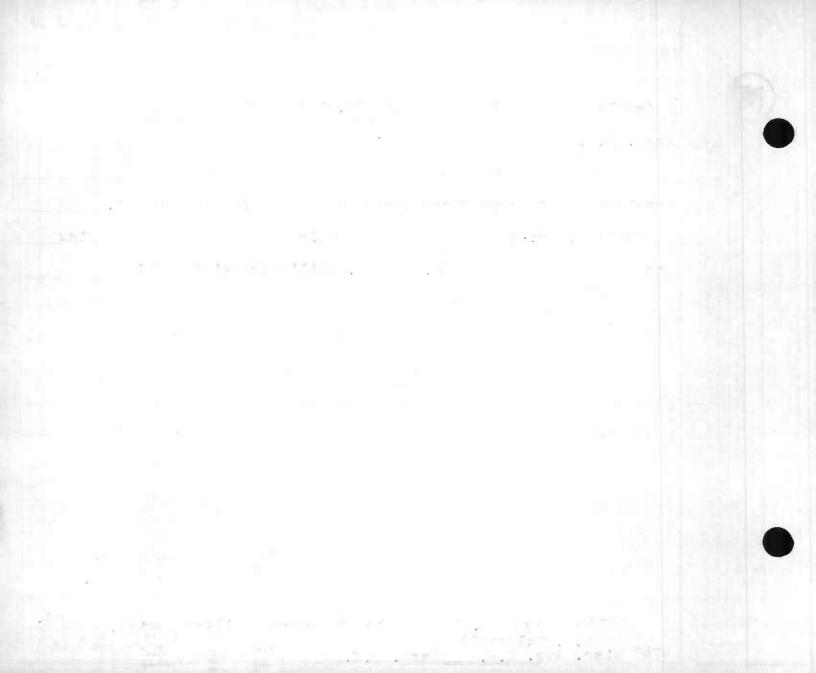
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Page 4	OUCE.		FEMALE	WHITE	SEPTEMBER 19,1		MONTHS DAYS HOURS MIN
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FEC for to of	E		sow the deceased alive on aboves (1) (we) (did) (did not	view the body offer death.	80, and that in (my) (our) opinion	death occurred on the date and hou	r and from the couses stated
the hospital AL DIRECT tached for te Dept. of			226 SIGNATURE	01/1	DEGREE		22c. DATE SIGNED
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TO FUNERAL should be detact with the State E	-		224 PHYSICIAN'S NAME (TYPE OR	PRINE	220 ADDRESS NATIO	NAL INSTITUTE	S OF HEALTH
FU Suld th th	5 /		Tohn	R. Halley	CLINICAL		
Short N		230 €	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	
/		13	Burial	1 1 0 /	ock Creek Cemetery		COUNTY STATE
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HMH-16 25 RA 15, 4) 1	N/I			Ave., N.W. Wash	A	41.	Frey Mc Cready
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within within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME OR C	THER INSTITUTION	17e USUAL OCCUPATE (TYPE OF WORK FOR MOST D		NOUSTRY	BUSINESS
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21 15		220 I certify that (I) sow the deceas above, (I) (we) (ed alive on_	5/16/	80 19	, on	d that in	my) (our) opinio	n death oc	5 / 1 (e	dote and ha	19 ur and fro		hat (I) (we) los auses stated
ote Dept		226 SIGNATURE	11111	VC	ooke	MID	DEGREE	ATTENDING PHYSICIAN	MEDIO 1-DIREC	CAL STA	AFF CIAN []	22c.	DATE S	igned 6/Je
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20	(3	URIAL, CREMATION, PECIFY) BURTA1		23b. DATE	1980	Gat.		OR CREMATOR		OCATION CITY OR TOWN	Snri	COUNTY	·	Md.
6 20M 4) 7/78		NERAL DIRECTOR W	.W. I	altav	111 ADDRESS	sh. D		25a D		BY REGISTRA		TRARSSI	ONATU	RE -



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ? CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 2h HOUR . AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fed. Employee Retired 7539 Spring Lake Drive LAST Mesiehev ADDRESS Same as 061 26 7609A Xenia Serdakosky (Wife) Above APPROXIMATE INTERVAL Davs

20h. IF YES, WERE FINDINGS USED

YES [NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY STATE MAY

PHYSICIAN DIRECTOR PHYSICIAN

5401 Western Ave. Wash.D.C.

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home, Inc.

11800 New Hampshire Ave., Silver Spring, Md.

250. DATE REC'D. BY REGISTRAR IN GISTRAR'S SIGNATURE

N.Y.

STATE

IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

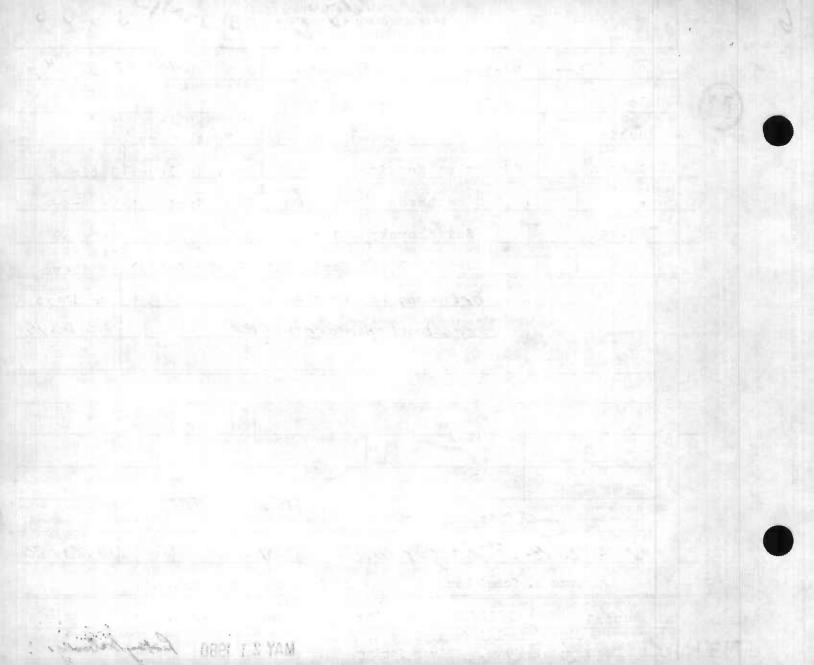
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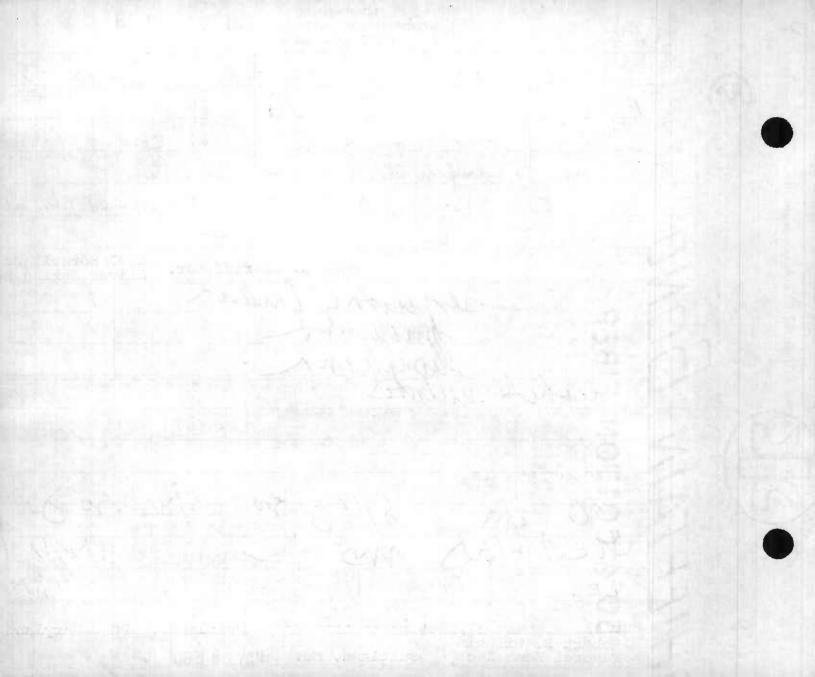
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH DAY 2b HOUR (TYPE OR PRINT) 5 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) HTHOM YEAR DAYS 1892 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWEDT CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) Dru. Wila DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AN INCOUNTY 136 CITY OR TOWN 13e STREET ADDRESS Annapolis Rd Blad. md W 14 FATHER'S NAME MIDDLE LAST puo Davi Hartman Bowen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITMING IT INFORMANT 1207 Hornell Dr (YES, NO OR UNKNIDWN) I (IF YES, GIVE WAR OR DATES) Wade H. Sheriff, Jr. Silver Spring M BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for including part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse PART 2 OTHER BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [NO I ond Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ö ā AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE D AT WORK L AT WORK That coefify (aur) opinion death occurred on the date and hour and from the couses stated DEGREE + ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be deto e Stote I 22e ADDRESS should be IMPORT, 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIEY COUNTY Cedar Hill Cem Suitland 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NAME ROBERT E. Wilhelm DHMH - 16 50M 1/76 (VR A 15 (4)) Funeral Home Inc Suitland, Md.

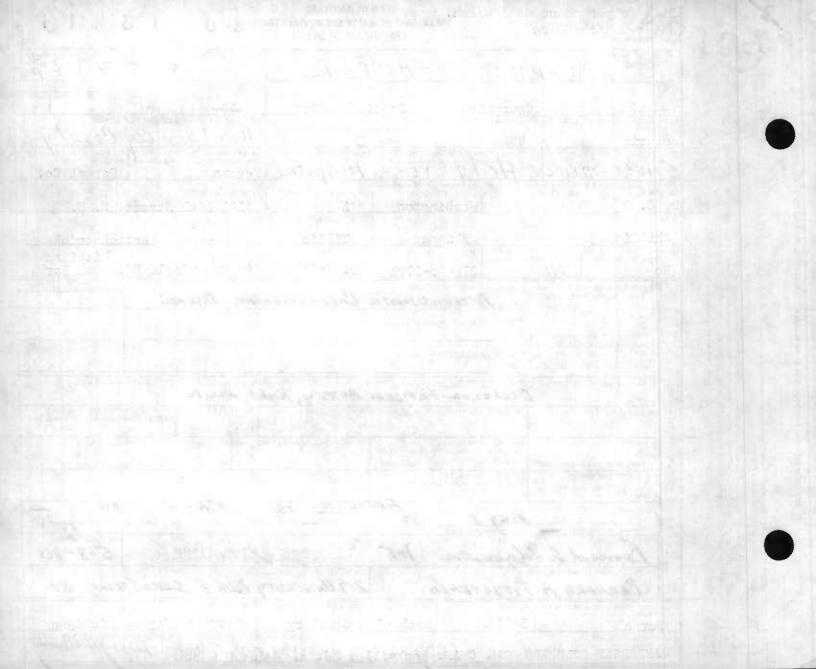


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Wh7	7a. BI	rthplace (state or fo ounity) Turkey	DREIGN 76 C	USA	MARI	RIED NEVER MARRIED	Montgom	R COUNTY	OF DEATH	
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TO FUNERAL DIRECTOR: After this certificate has aboud be detached for use as the burial-transit perru with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 21 is marked or Item 18 sho	MED	WHILE NOT WHAT WORK 22a 1 certify that (1) sow the decease	(this hospital) (did not) vie	ottended the decea	sed from 9	ond that in (my) for opinion DEGREE ATTENDING PHYSICIAN 122. ADDRESS		ote and hour	9 80 ond from the	that (I) 4mc couses state SIGNED

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1
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4 4 d	be fiil	10	USU/	AL RESIDENCE (IF MURSING H	OM OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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¥ 0	Page	5	N		I/A	378-05-3	3791	Mr. Wolok, 2	6640 Greenf	ield_Rd	., Oak	Park,
ficat	sicia pers. oval.	10		II CAUSE OF DEATH (En	ter only one couse p	er line for (a), (b), or	nd ic i	~4			APROXIA MIWEENO	MATE INTERVAL
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- A	hospital or DIRECTOR hed for use Dept. of Hea		33	sow the deceased ali above, (1) (we) (did) (a	ve on	ly after death.	80	nd that in (my) (out) opinion	death occurred on the d	ote and hour o	nd from the o	ouses stated
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	y the Getac detac State C		- 3	Domand	a onge	cold	mes	ATTENDING PHYSICIAN [DIRECTOR PHYSI	CIAN [15-8	-80
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	DHMH-16 25N		24 FL	INERAL DIRECTOR		ADDRESS		25e. DA1	TE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAL	IR Theady
	(VRA 15, 4) 1/7		D.	ANZANSKY-GOL	DBERG MEM	. CHAP. R	ockvil	le, Md.	MAY 1 4 198	0 per	- July	7



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Win	ge ea		3 SE)		4 RACE	15 D/	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	15 80 6 - PM
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5 6	th we have	7C	15	ethroda	Suhurha	n. Ho	00-	Homemaker	At Home
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RE.	1000			VAS DECEASED EVER IN U.S. AR	WAR ORD LIFE	CIAL SECURITY N		ADDRESS	
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Paris Paris	oval.			18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and ic)	7 /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVI	After After Stranger			AT WORK AT WORK			1		<u> </u>
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FUNNAL DOM: STEIN HEBREW MEMROIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D. C.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 1 9 1980

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	1.	FOR - STATE REGISTRAR		DEPART	STATE OF MAR MENT OF HEALTH AI CERTIFICATE O	ND MENTAL HYG	PEG. N	1	3 4	1 7
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2				Ledig	Smith	X 80	May 1,			9:15a
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t one	_	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Jan. 29,	1907	7 3	YRS.	OF DEATH	
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e swoys 2	CERTIFICATION	190 DATE OF OPERATION	1% CONDI	ITION FOR WHICH	OPERATION WAS PE	RFORMED	780 AUTOPSY?	106 IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
1 tem 18	_	716 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAL)	F DEATH HOUR A.		AY YEAR	V INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PA	RT T OR PART 2)	
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T. If Item 21 is		270.1 certify that (1) (1) saw the deceased all above, (1) (1) (1) (did) (1) 270. SIGNATURE	e on May	19	DEGREE	ATTENDANC	death occurred on the		and from the c	
IMPORTANT:		John F	YPE OR PRINT) . Tauber	, M.D.	821	RESS	nsin Ave.			
Σ		BURIAL, CREMATION, REMO SPECIFY) Burial	May 3	. 1980 (NAME OF CEMETERY	OR CREMATORY Shingto	23d LOCATION CITY OR TOWN	Adeln	county hi _Me	STATE
6 25M 4) 1/79	24 F	Homes, P.A.	ert A. I	Pumphrey	Funeral	25e. DA	AY 8 1980	25b. REGOSTR	AP'S SIGNATI	

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(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REG NO 7a DATE OF DEATH 7b. HOUR Plossi. Smith 1980 12:1 30 May # UNDER I YEAR 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY! UNDER 24 HRS May DAYS HOURS 1911 21 Caucasian 69 Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED United States | WIDOWED XX Montgomery County, 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17e USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
National Naval Medical Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 1812 Sumner Charleston YESXX 15 MOTHER'S MAIDEN NAME not available Plossi Anastasia ADDRESS 14h SOCIAL SECURITY NO 17 INFORMANT 199-07-0493 Peter Plossi 327 W.15th: ShipBottom, N.Jersey APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH IS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF Bronchopneumonia & Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESXX NOT YES XX NO F 71h TIME OF INJURY ZIC HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR ZIR PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 270.1 certify that (this haspital) attended the deceased fram_ Apri 80 May 10 80 19 80 and that in (my) XXx) opinion death occurred on the date and have and from the couses stated saw the deceased alive an MAY 30 obove. (1) (Xe) (did) XdX XXI view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [] DIRECTOR PHYSICIAN 22e ADDRESS National Naval Medical Center, Bethesda, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY S. Carolina Carolina Memorial Gar Charleston 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ROBERT A. PUMPHREY FUNERAL HOMES, P.A. BETHESDA, MARYLAND

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ADDRESS.

Washington, D.C.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15.4) 1/79

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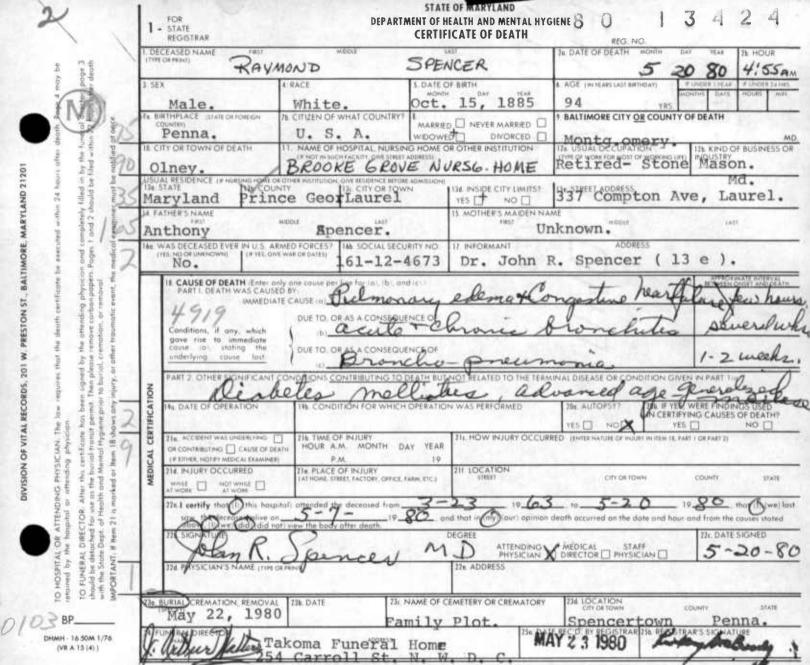
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FCTOR: for use as t. of Heali em 21 is		22a.1 certify that (1) this hospital saw the deceased alive on above (1)(we) (did) (did not)	. 5/27/19		on death accurred on the date and ha	
ERAL DIR e detached State Dept ANT: If It		226. SIGNATURE Webo	16 Totule	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	19/64 521
Should be deta with the State with the State IMPORTANT:		Machael R. Dod	bridge MD		Constitut Ave	Silved Silving
T 5 5 =	23a B	URIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN	STILLED SPRING	COUNTY STATE
MH-16 25M 15, 4) 1/79			S J. COLLINGESS SILVER SPRING.N		MAY 2 9 1980	RAPS SIGNATURE

The state of the s THE STATE OF THE S BERNARD PAUL SOLLERS, SR. HELLAUF E. JAMES BROTHER 4591 61 LAUE HORTH VES - KOREAN 214-32-2844 JOHN JUSES SOLLERS, SE, KONSON CINE, FLA. 12.17 EL 21.10 VS/10/2 37.12 NE ENAMOIS J. COLLINS. MR. 20001

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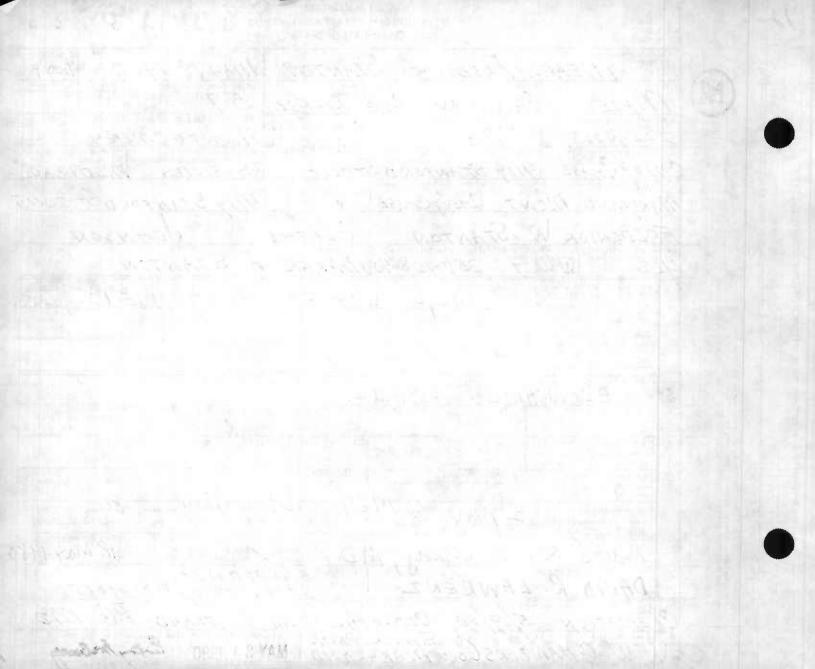
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OF HEALTH AND AL, CREMATION, C	NO	PART 2 OTHER SIGNS	FICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION GIVEN IN	(PART 1 (a).		11				
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AND, 21201 PRIOR TO BURIAL, C			that I taak char	ge of the remains described	ribed abave, held a			tian ,	Inquiry],	ind in my			
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AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		EXAMINER'S NA (TYPE OR PRINT)	AME	Margarita				1 Penn	Stre		ilto.	MD 2	1201	
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6))		INERAL DIRECTO		REY FUNERA	L HOMES P		KVILLE 250. DA	IE KOUNT	grown 9	SO. KEG	SINAK'S	SIGNATI	URE COL	7

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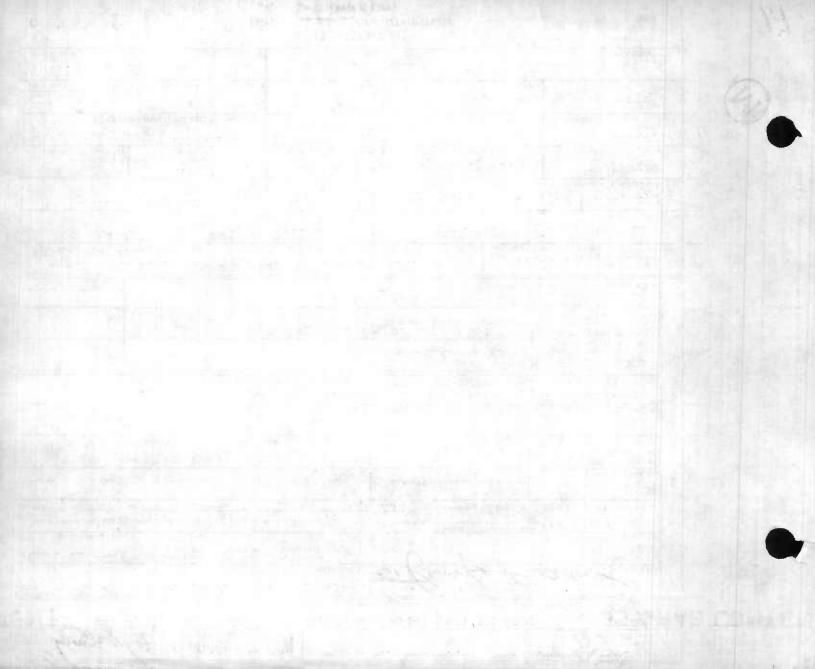


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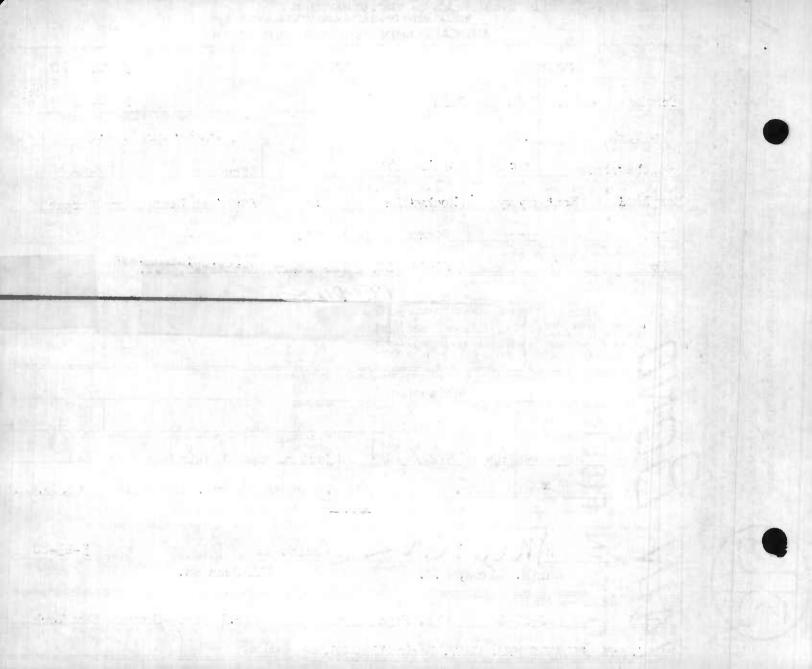
44	1	STATE OF MARYLAND
12	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 3 4 2 5 CERTIFICATE OF DEATH
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r death in 72 h	12	LLINOIS USA MARRIED NEVER MARRIED MONTGOMERY MD.
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E, MAR cecuted v complet 1 and 2 :	50/	REDERICK W. STANTON BERTHA MODILE COLLASON
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death certifending phicarbon palon, or rem		JARTI. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Shye DRAGER SYNOROME 12 years. 3330 DUE TO, OR AS A CONSEQUENCE OF
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DING PI ttending After th s the bur th and N	*	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
or or or suse a Heal	41	220.1 certify that (1) (this hospital) attended the deceased from 1961, to 1100, to 1100, that (1) (we) last
A P D O O E		sow the deceased alive on 1920, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death.
- 040 =		126. SIGNATURE DEGREE MD. ATTENDING MEDICAL STAFF 18 May 1980
HOSP ined b		DAVID R. LAWRENZ CHEVY CHASE, MD 20015
of short with with the	23a	BURIAL CREMATION REMOVAL 1716 DATE / 1736 NAME OF CEMETERY OR CREMATORY 1736 LOCATION
BP	C	REMATION 5/19/80 CEDAR HILL CREM. SUITLAND- 9-6-199.
DHMH-16 25M	24.1	UNERAL DIRECTOR NAME 1 ADDRESS / LUER SPRINK 250. DATE REC'D. BY REGISTRAR 253. REGISTRAR'S SIGNATURE
(VRA 15, 4) 1/79		1) W. CHAMBLES CO. MARYLAND MAY 2 1 1980 Linky Me Borry



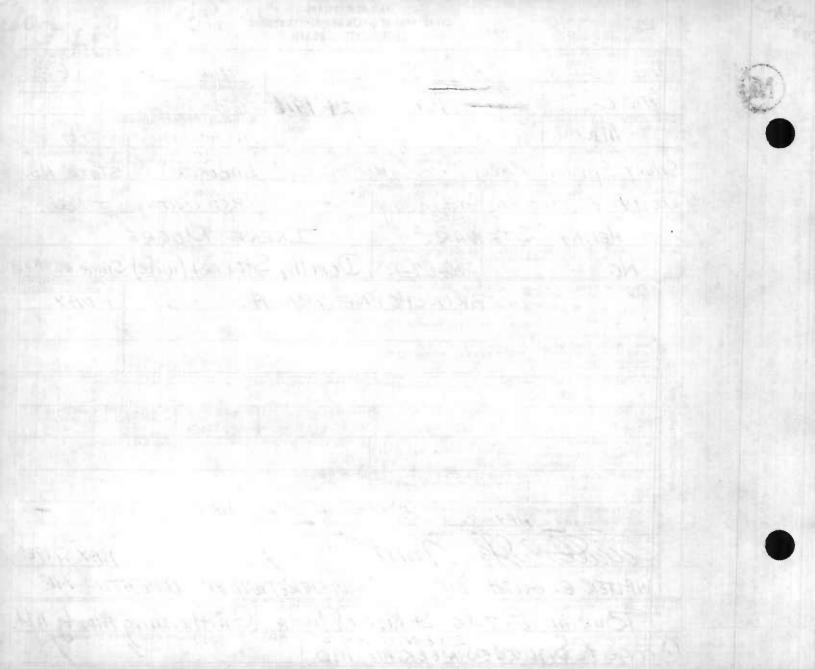
Ives Funeral Home, Arlington, Va.

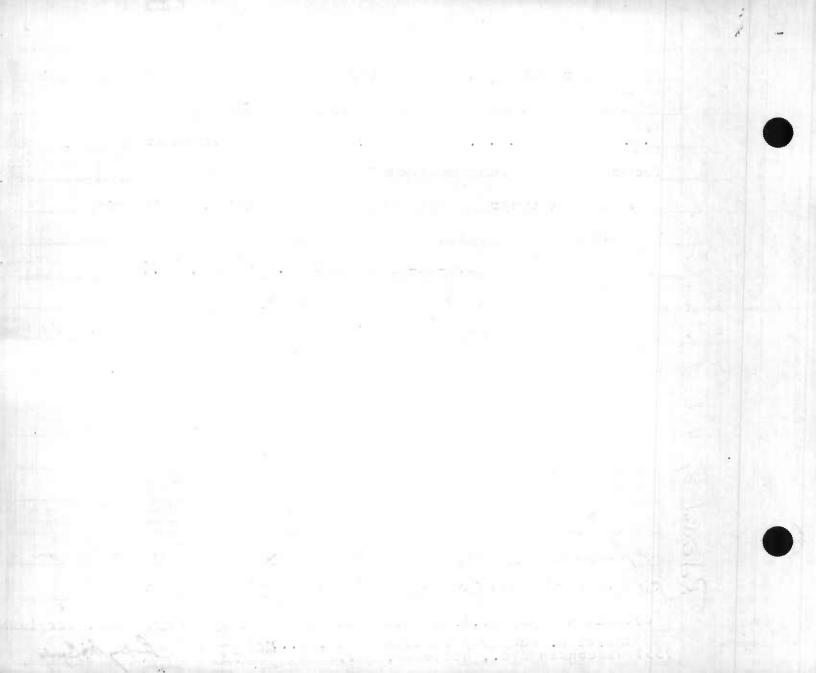


REGISTRA 1. DECEASED N (TYPE OR PRINT)	AME FI	RST	MIDDLE		CERTIFICATE (20. DATE KNO	REG. NO.	DAY YEAR 76 HC
		OANNE			STERN	OF ES DEATH MA	STI-	22 , 80
1. SEX female	4 RACE whit	5. DATE OF MONTH E Feb.	BIRTH YEAR 25, 1954		UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH 5	22 19 80 10 H
7ª BIRTHPLACE FOREIGN COUN New Yo	(STATE OR RY)	7b. CITIZEN	OF WHAT COL	JNTRY? 8. MAI	RRIED NEVER MARR	IED LA	CITY OR COUN	NTY OF DEATH
10. CITY OR TO	N OF DEATH	USA II. NAME C	OF HOSPITAL, N	JURSING HOME, OR O ESTREET ADDRESS) HOSPITAL	THER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING	OMETY CO	126. KIND OF BUSINESS OR INDUSTRY
Gaithe USUAL RESIDEN 130. STATE	CE (IF IN NURSING)	HOME OR OTHER INSTITU	TION, GIVE RESIDEN	ICE BEFORE ADMISSION) TY OR TOWN	13d. INSIDE CITY LIMITS?	Student 13e. STREET ADDRESS		School School
Marylan	l Mo	ntgomery		ckville	YES X NO	500 West M	ontgome	ry Street
Max		MIDDLE	St	tern	15. MOTHER'S MAID FIRST Edith	EN NAME MIDDLE		Gollin
NO	KNOWN) (IF YES	S. ARMED FORCES S. GIVE WAR OR DATES)		7-38-3109	Max Stern	715 S. Win	ton Road	
	tions, if ony, v			INSEQUENCE OF				
cousi lying	rise to imme (a) stating the <u>u</u> cause lost.	ediote (b) onder- (c)	O, OR AS A CO	OCCIUSION CLATEO TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	RT I (a).		
cousi lying	(a) stating the ucause lost.	ediote (b) onder- DUE 1 (c)	O, OR AS A CO	ELATEO TO THE TERMINAL DISE		IRT t (a).		20 ALITORSY2
cause lying PART 2 01H	(o) stating the <u>u</u> cause lost. R SIGNIFICANT COND OF OPERATION	ediate (b) DUE 1 (c) DITIONS CONTRIBUTING TO 196. C	O, OR AS A CO	ELATEO TO THE TERMINAL DISE ZOphrenia R WHICH OPERATION		iRT 1 (a).		20. AUTOPSY? YES 🛣 NO
PART 2 01H 190. DATE 210 EXTE	(o) stating the ucause lost. R SIGNIFICANT COND OF OPERATION RNAL CAUSE W/ ING OR UTING CAUS	Holiote (b) DUE 1 (c) ONIRIBUING TO 19b. C	O, OR AS A CO DOEATH BUT NOT RE Schi CONDITION FOR IME OF INJURY JR A.M. MONT 5 P.M. 5/	ELATED TO THE TERMINAL DISE ZOPHENIA R WHICH OPERATION THE DAY YEAR 22/ 19 80	was performed? HOW INJURY OCCURRI	RTI (a). D (ENTER NATURE OF INJURY II) Ced plastic		YES 🔀 NO
PART 2 01H OUT 190. DATE 210. EXTE UNDERTING 214. INJU 214. INJU 214. INJU 214. INJU 214. INJU	(o) stating the ucause lost. R SIGNIFICANT COND OF OPERATION RNAL CAUSE W/	AS 21b. T HOLE TO SEE OF DEATH 2 2 2 2 1 2 1 5 1	O, OR AS A CO	CASEQUENCE OF CLAIED TO THE FERMINAL DISE ZOPHT COMB R WHICH OPERATION THE DAY YEAR (22/ 19 80 (22/ 19 80 (211. I	WAS PERFORMED?	ED (ENTER NATURE OF INJURY IN ced plastic CITY OR TOWN	bag ove	YES 🔀 NO
PART 2 01H PART 2 01H 190. DATE 190. DATE 210. EXTE CONTRIE 21d. INJU WHILE AT WORI 220. I death re	(o) stating the ucayse lost. R SIGNIFICANT COND OF OPERATION RNAL CAUSE WITHING OR OR OF OPERATION RESULTED TO THE OPERATION OF OPERATION OPERATION OPERATION OPPORT OF OPERATION OPERATION OPPORT O	AS 21b. T HOLE TO SEE OF DEATH 2 2 2 2 1 2 1 5 1	O, OR AS A CO O DEATH BUT NOT RE Schi CONDITION FOI IME OF INJURY JR A.M. MONT A.M. MONT ELET, FACTORY, FARM Bldg . Dins described al	ELATED TO THE TERMINAL DISE ZOPHTENIA R WHICH OPERATION H DAY YEAR 22/ 19 80 RY (ATHOME. 216. I EEC.] Dove, held an Aut The Company of the Company o	WAS PERFORMED? HOW INJURY OCCURRING SUBject pla OCATION STREET OW. Montgo ODSY A. Inspectic TITLE (SPECIFY) ASSISTAR	ced plastic ced plastic city or town mery Ave. Ro	bag ove	YES X NO PART 2) The head OUNTY ST Montg. Co. M opinion
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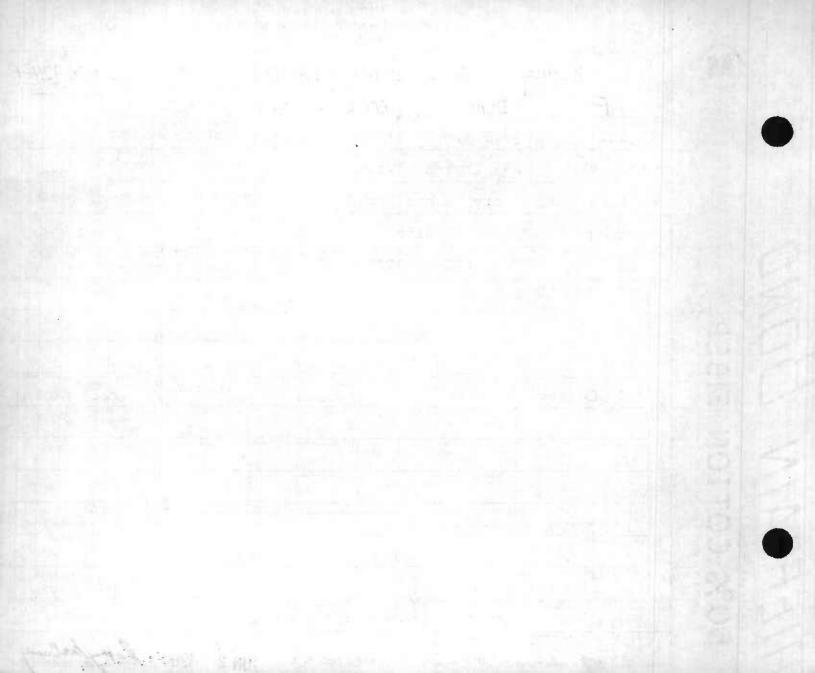
111111111111111111111111111111111111111		STATE OF M	IARYLAND	
	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH CERTIFICATI	0 0	1 3 4 2 8
1.	DECEASED NAME FIRST	MIDOLE LAST	120 DATE OF DEATH	
The Co	Charles	H. Stewa	ret may	3 80 650 m
3.	male	RACE S. DATE OF BIRTH	H 6. AGE IN YEARS LAST B	RIHOAY) # UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
De position	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? & MARRIED .	NEVER MARRIED L	OR COUNTY OF DEATH
	CHY OR YOU'LL OS DE LEU	USH WIDOWED'S	DNORCED 110N791	meny cry MD.
2/0X	Wer Spon4	11. NAME OF HOSPITAL, NURSING HOME OR OTH (# NOT IN SUCH FACILITY GIVE STREET ADDRESS) HOLY COSS HOS		OF WORKING LIFE) INDUSTRY
製人	SUAL RESIDENCE IN NURSING HOME STATE 136 CO	11/1/2011	NSIDE CITY LIMITS? 130 STREET ADDRESS	. 10 11 11 110
E/-	FATHER'S NAME	MIT. CTY TOUTHERS BUTG YES	OTHER'S MAIDEN NAME	estings # 102
\$50	Henry	STENART	I RENE M	OORE
t, the m	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES, O	NE WAR OR DATES 166 SOCIAL SECURITY NO 17, IN 120 SOCIAL SECURIT	Dorothy Stewart	(wife) SAme AS#13
0	18 CAUSE OF DEATH (Enter	only one couse per line for jo), (b), and ic)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	ATE CAUSE (a) BRONCHO PNG	EUMONIA - 10 b.	us I DAX
	485-			
1	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
	gave rise to immediate cause (a), stating the	(b)		
	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
		CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)
9	19a DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS	S PERFORMED 200 AUTOPSY?	200. IF YES, WERE FINDINGS USED
9			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
0	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c H	OW INJURY OCCURRED (ENTER NATURE OF IN.	
7 3	OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR		
Ne Die	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OCATION STREET CITY OR TO	OWN COUNTY STATE
		pital) ottended the deceased from APRIL	4 19 80 , to MAY	3 19 80 , that (1) (
am 21	sow the deceased alive above, (1) (me) (did) (did)	on MAY 3 19 80 , and that	in (my) (amopinion death occurred on the	date and hour and from the causes stated
If Item	IZE SIGNATURE	DEGREE		22c. DATE SIGNED
MPORTANT:	water	Stow min	ATTENDING MEDICAL ST PHYSICIAN DIRECTOR PHYS	AFF MAY 5, 1980
1	224. PHYSICIAN'S NAME (TYPE	4 11 711	ADDRESS	MA (MENTAL) AND
1	WHUER E-	GOOUT MD 23 AL 1236 DATE 1236 NAME OF CEMETE	RY OR CREMATORY 1238-DCATION	WHENING
	BURIAL CREMATION, REMOVE (SPECIFY) BURIAL	1236. DATE 236. NAME OF CEMETE 236. NAME OF CEMETE 236. NAME OF CEMETE	of Lime GAITH	erslaing Menter STATEMA
6 25M	FUNERAL DIRECTOR	Zatotiet N. WASI	1. ST 250 MALERED D. BY REGISTRA	IR 25% RESISTRATE STEMMUME
1) 1/79	Jeorge 11, 2	nowden Rockville, 1	MD.	





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CANADA WAR BEARING [] / [] / [] / / [] / / []





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corbon popers. Pages 1 and 2

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traum

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	-
REG. NO.	

3. SE)	Male	Cauc.	Marc	h 25, 191;	7 63		ONTHS DAYS HOURS
7a. BI	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COL	INITDV2 R		O DALTIMORE CITY	YRS YRS	OF DEATH
W	lash., D.C.	U.9.A.	MARRIE	NEVER MARRIED		omery	or beatti
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME O	- Lud	12a USUAL OCCUP		12b. KIND OF BUSII
T	akoma Park	Wash . Adve	entist H	osnital	Truck L	T OF WORKING LIFE)	
WSUA	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION)	ospicai			
13e S	STATE 1181 COU	Arundel Ga	DR TOWN	13d. INSIDE CITY LIMITS	13e STREET ADDRES	fense	Highway
	ATHER'S NAME	Alamati de	AIID11113	15 MOTHER'S MAIDEN		1 61136	IIIgiiway
	Michael	Sulliv	AST	Katie	Louise	M-	ar low
14- 14	WAS DECEASED EVER IN U.S. AI			17 INFORMANT			
00 V	WAS DECEASED EVER IN U.S. AL						
{ Y	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES			100100		e Highwa
(Y	YES, NO OR UNKNOWN) (IF YES, G) WW 18 CAUSE OF DEATH Enter o PART I. DEATH WAS CAUSE	nly one couse per line for io.	-05-0500		B. Sulliv		ambrills,
Υ)	YES, NO OR UNKNOWN) Y CS 18 CAUSE OF DEATH LENter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, If ony, which	nly one couse per line for 10 and BY-	-05-0500		B. Sulliv		embrills,
(*)	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	nly one couse per line for 10 and 10	-05-0500	Katherine Kny (1) Kny (1) Kny (1)	B. Sulliv	an Ga	ambrills,
	18 CAUSE OF DEATH LEnter of PART I, DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse i.o., stating the	nly one couse per line for 10 and 10	-05-0500	Katherine Kny (1) Kny (1) Kny (1)	B. Sulliv	an Ga	ambrills,
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	nly one couse per line for 10 and 10	-05-0500 (b) ond ic EES DICE OF	Kather ine	B. Sulliv	ondition gives	MERE FINDINGS US
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse io; stating the underlying couse lost PART 2 OTHER SIGNIFICANT	nly one couse per line for (o. ED BY- TE CAUSE (o) DUE TO, OR AS A COM CONDITIONS CONTRIBUTIN	-05-0500 (b) ond ic EES DICE OF	Kather ine	RMINAL DISEASE OR CO	on Ga	N IN PART 1(0) WERE FINDINGS USING CAUSES OF DEA
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse io; stating the underlying couse lost PART 2 OTHER SIGNIFICANT	AND CONDITION FOR	OS -0500 (b) ond ic NSEQUENCE OF NG TO DEATH BUT IN	NOT RELATED TO THE TE	B. Sulliv	ONDITION GIVE	N IN PART 1(0) WERE FINDINGS USING CAUSES OF DEVINO
CERTIFICATION	THE CAUSE OF DEATH LENTER OF PART I, DEATH WAS CAUSE OF DEATH LENTER OF DEATH LENTER OF DEATH LENTER OF DEATH LENTER OF DEATH WAS CAUSE OF DEATH OR OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CA	TE CAUSE (a) CONDITIONS CONTRIBUTION 19b. CONDITION FOR 12b. TIME OF INJURY HOUR A.M. MON	OS -0500 The ond ic NSEQUENCE OF WHICH OPERATION THE DAY YEAR	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(0) WERE FINDINGS USING CAUSES OF DEVINO
CERTIFICATION	18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	TE CAUSE (0) DUE TO, OR AS A CO- CONDITIONS CONTRIBUTING 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON-) P.M.	OS -0500 (b) ond ic NSEQUENCE OF NG TO DEATH BUT IN	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(0) WERE FINDINGS USING CAUSES OF DEVINO
	18 CAUSE OF DEATH LENter of PART I, DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TE CAUSE (a) CONDITIONS CONTRIBUTION 19b. CONDITION FOR 12b. TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF WHICH OPERATION TH DAY YEAR 19	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PAR	N IN PART 1(0) WERE FINDINGS USING CAUSES OF DEVINO
CERTIFICATION	PART 2 OTHER SIGNIFICANT 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CIFTER OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE CAU	TE CAUSE 10 DUE TO, OR AS A COMMENT OF THE CAUSE TO THE CAUSE TO THE CONDITION FOR	NSEQUENCE OF WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	NOT RELATED TO THE TE WAS PERFORMED 21c. HOW INJURY OCC 211. LOCATION	RMINAL DISEASE OR CO	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PAR	WERE FINDINGS USING CAUSES OF DEVINO RT 1 OR PART 2)

22e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

Vet.

Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this

20,1980

Robert Beall Funeral Home Solt 16000 Annapolis Rd., Bowie, Maryland

Lewis H. Dennis, M.D.

230 BURIAL, CREMATION, REMOVAL

Burial

University

Cemetery

Silver Spring

Blvd.E., Maryland

Cheltenham, Maryland

O HOSPITAL OR ATTENDING PHYSICIAN: The low

Mash. Jauc. Mirch 25, 1917 65

Mash. J.C. J.S.A. Montgomery

Takoma Perk Wash. Adventist Hospital Truck Univer Trucking

Haryland Rnnc Frundel Gembrills x 1597 Defense Highway

Michael Sullivan Klie Louise Marlow

Michael Sullivan Klie Louise Marlow

1597 Defense Highway

Ves Wwill 579-05-0500Katherine B. Sullivan Gembrills, Md.

Solver Socion Lewis H. Dennis, M.D. 631 University Blvd.£., haryland

MARTIN RETRICTED

Darial May 20,1980 M. Vet. Cemetery Unclienham, Marylond Appers C. Beall Funeral Home (Maryland Mays) English Control of the C

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FOR

STATE OF MARYLAND

	1 -	STATE REGISTRAR			DEFARIT	CERTIF	ICATE OF DEATH	DIENE O	REG. NO.	1 3	4 3 4
		CEASED NAME OR PRINT)	Mary		J.		BOTT	2ª DATE OF	May 14	-	26. HOUR 9:00PM
	3 SEX	Female		RACE Whi	te	5. DATE O		6 AGE (IN YEA	rs Last Birthoay)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
5	cc	RTHPLACE ISTATE OR F DUNTRY) Maryland		U.S		WIDOWE			Montgom	ery Co.,	MD.
5	F	ty or town of dea		Shad	Grove A	dvent	ist Hosp.		CCUPATION FOR MOST OF WORKI WILE	12b. KIND C INDUSTRY	OF BUSINESS OR
5	130 S	AL RESIDENCE IF NURSTATE RTYLAND THER'S NAME	136 COUN	other institution TY Somery	Gaithers Gaithers	N	134 INSIDE CITY LIMITS?		DDRESS Frederi	ck Ave.,A	pt.206
2		John	I		Snouffer		IS MOTHER'S MAIDEN N	a	WIDDLE	McKindle	57 55
	16e. V	VAS DECEASED EVER		MED FORCES? WAR OR GATES)	577-01-0		Helen Ward		Floral !		
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one couse per O BY E CAUSE (0)	line for (a), (b), an	We A	elogh.			BETWEEN	ONSET AND DEATH
		Conditions, if ony gove rise to imi	mediote	(b)	AS A CONSEDU	MARIE	m-CHF	p.		3	VERPS
		couse (o), statis underlying couse PART 2 OTHER SIGI	lost	1 10)	AS A CONSEQUE	FRU	CAPCO NO MA	STOMAL MINAL DISEASE	OR CONDITION	G GIVEN IN PART 10	DAYI
	ATION	SICV-	UWI 9	1 2 V A	THE ME	OPERATIO	N WAS PERFORMED	20c AUTOF	PSY? 20b. I	IF YES, WERE FINDI	
2	CERTIFICATION	MAH 9	1989	216 TIME C		Ae H	21c HOW INJURY OCCU		NODL	YES MEDITION OF PART 2)	NO
/	WEDICAL	OR CONTRIBUTING THE EITHER, NOTIFY MEDIC	AL EXAMINER)	HOUR A.	м.	19	211 LOCATION				
	ME		ORK		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		226. I certify that (I) sow the deceas above, (I) (we) (I 226. SIGNATURE	ed olive on_	MAY I	19	(A) , or	nd that in (my) (our) opinion	death occurred	on the date and	d hour and from the	
				MV			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	27c. DATE	4/80
		GREGARI	040	M 92	1		11125 KARI	MAN DR	· POTOM	IAe - MD	.20854
	23a. B	Burial Burial	REMOVAL	May 1	7,1980		EMETERY OR CREMATORY	CITY OF	TOWN	COUNTY	Md

DHMH-16 20M (VRA 15, 4) 7/7B

TO HOSPITAL

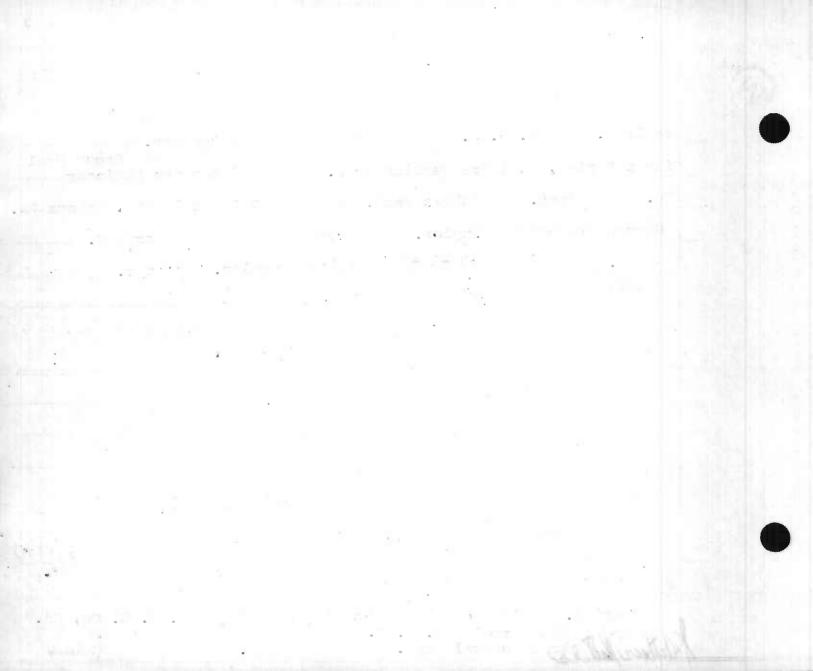
should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

74 FUNERAL DIRECTOR NAME Olin L. Molesworth, Danascus, Md.

The contract of the contract o

17,100 0.000.00

obline! Mochanic Lenning Co. with the time to the transfer of the time to the Marin) a CE ha oracle wollers at the contract of the - main | movies . | Trenting | 0184 May 20/80 - "1. Line of "restain" Meant L.P. - 08/09/7 Princip Concile -our Punctal Rose, b. ..



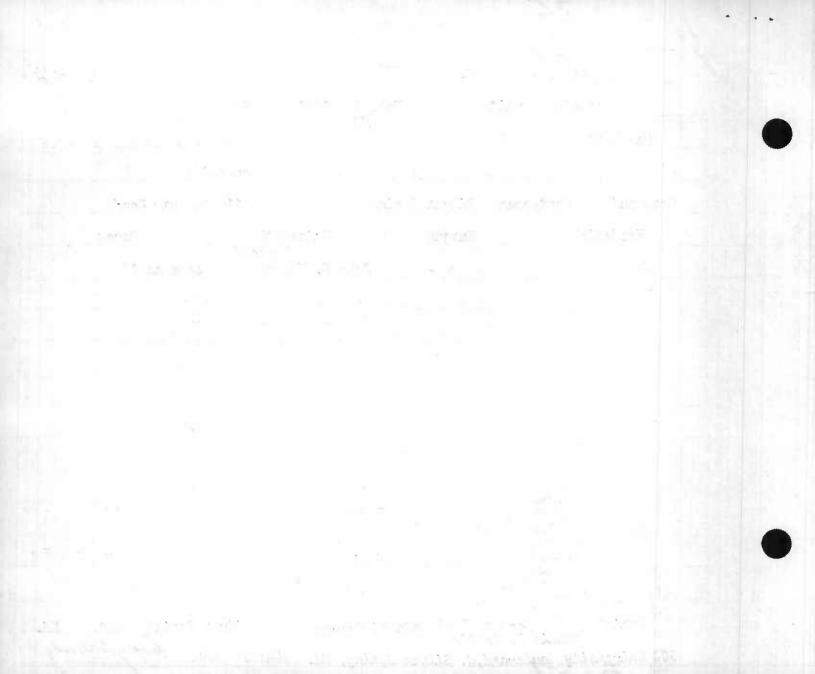
. 7	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYI MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	0 0	13	1 3
(00)		CEASED NAME FIRST	MIDDLE Josh	LASY		REG. NO	ONTH DAY YEAR	26. HOUR
MAP	(TYPE	William William		Taylor		5	- 23-80	19:2.
-	3 SE		1 RACE	5 DATE OF BIRTH		AGE IN YEARS LAST BIRTH		
nce.		Male	White	July 18	1898	81	YRS MONTHS DAYS	HOURS
eath, re-	7e. BI	RTHPLACE (STATE OR FOREIGN) OUNTRY) New York	U.S.A.	MARRIED WEVER	MARRIED L		COUNTY OF DEATH	
ter d	10 C		11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INS		Montgomer	126. KIND (OF BUSINESS
y the d with		20 11	I IF NOT IN SUCH FACILITY, GIVE STREET			TYPE OF WORK FOR MOST OF		
in by filed filed	USU	Rethesda AL RESIDENCE (IF NURSING HOME OR	Carriage Hill NOTHER INSTITUTION, GIVE RESIDENCE BEFOR			Architect	t IUS Go	v't.
Hed in 24	13e S	STATE 136 COUN	TY 13c. CITY OR TOW	N 134 INSIDE		R. STREET ADDRESS		
thin y fill outd		aryland Mont	gomery Chevy Ch		NO THE	7505 Bybi	rook Lane	
d with 2 should be a should be	I I		NODLE LAST	IS. MOTHER	FIRST	MIDDLE	LA	ST
complete 1 and 1 and 1	1	Elmer.	Taylor	De	lla		Carpe	enter
xec 1 a	1ée V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 146 SOCIAL SECU			ADDRE:	SS	
and and ges	P	ES, NO OR UNKNOWN) IF YES, GIVE	T 579-24-7				Wife, Same a	44 =
th on th		Canditians, if any, which gave rise to immediate	(b)	source !	orain	signed	rome ;	Tra
law requires that the been signed by the . 1. Then please remondrot to burial, crema is any injury, or other	ATION	gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT SELATE				
ne law requires is been signed I nit. Then pleas prior to burial ws any Injury,	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	(c)	DEATH BUT NOT SELATE		AL DISEASE OR COND 200 AUTOPSY? YES NO S	DITION GIVEN IN PART 1 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
SICIAN: The law requires ysteian. ysteian. ertificate has been signed I transit permit. Then pleas tal Hygiene prior to burial Item 18 shows any injury.	AL CERTIFICATION	gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFO	ORMED	200 AUTOPSY?	200. IF YES, WERE FINDING CAUSE	INGS USED S OF DEATHS
PHYSICIAN: The law requires ng physician. this certificate has been signed I urial-transit permit. Then pleas Mental Hygiene prior to burial d or Item 18 shows any injury.		gave rise to immediate cause 101 stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	ONDITIONS CONTRIBUTING TO: 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH D. P.M. 216 PLACE OF INJURY	OPERATION WAS PERFI	ORMED	200 AUTOPSY? YES NO S IENTER NATURE OF INJUR	ZOD. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES YES	INGS USED S OF DEATHS NO
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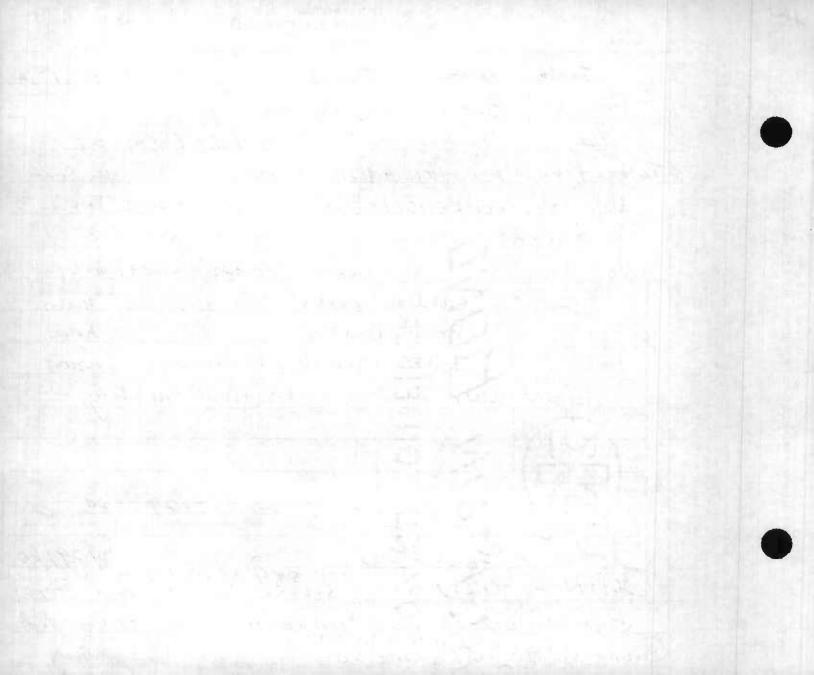
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品の言言のへ	10. CITY OR T	ucky OWN OF DEATH	(IF NOT IN SUCH F.	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	WIDOWED C		12a USUAL OCC	gomery JPATION (TYPE C DRKING LIFE)	F WORK 12b. K	IND OF BUS OR INDUSTRY	MD.
Z _ O	13e. STATE	ENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, G	13c CITY OR TOWN	13d. II	NSIDE CITY LIMITS?	13e STREET ADDI	er Bur		S, G	ov't
VI VI PRI	Md 14. FATHER'S FIRST John	NAME	tgomery 11iam	Bethesda Thickst	15. M	NO OTHER'S MAID		MIDDLE		Bell	
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TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF IND, 21201 PRIOR TO BURIAL, C	CONTI	TERNAL CAUSE WAS LYING OR EIBUTING CAUSE OF I	DEATH 11:44	A. MONTH DAY YEAR A. MONTH DAY YEAR BAM 5-24 1980 OF INJURY (ATHOME,	driver	of aut	ed (enter nature of i	npact			STATE
RECTOR: PAGE VITH THE STATE SYLAND, 21201	AT WC	NOT WHILE AT WORK I certify that I taak charge resulted fram: Nature	562	scribed abave, held an	Autapsy 🔀	Inspection	at Park	and	in my apinian	ille,M	ld.
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21	ACTUA SIGNA EXAMI (TYPE C	TURE	parita A	Korell, M.	M.D A s	TLE (SPECIFY) Ssistant RESS 111 P			DATE SIGNED_5	-25-80	
PAG PAG BALT	230. BURIAL, C	RIAL	3b. DATE 5-30-80	23c. NAME OF CE Parklaw	METERY OR CRE	MATORY Park	23d. LOCATION CITY OR TOWN Rockvi	11e	COUNTY	STAT Md	
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hos beer prior		CERTIFICATION	5-1-2	-	1% CONDI	TION FOR WHICH	OPERATION	WASPERFORME	D	YES NO	20b. IF	YES, WERE F TIFYING CA YES [*]	AUSES OF D	USED DEATH?
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Spires			sow the decease obove, (I) (we) (ed olive on _ did) (did not)	view the body	ofter death.	, on	d that in (my) (our)	opinion de	oth occurred or	the dote and h	our and tro	m the cous	es stoted
the ho at DIRE etochec te Dept			276 SIGNATURE	ham			×		NDING	MEDICAL DIRECTOR T	STAFF PHYSICIAN [5	DATE SIGN	- 8 0
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5 -4 > 2		230 B	URIAL, CREMATION,	REMOVAL	236. DATE	23c N	NAME OF C	METERY OR CREM	ATORY	23d LOCATIO	NN NN	COUNTY		STATE
BP	- 1		Burial		May 5	1980 Ga	te of	Heaven		Silver			-	Md.
DHMH-16 20/		24. FL	NERAL DIRECTOR			llins _{oress}	0			REC'D. BY REGI		STRAR'S SI	CHATURE	a de
(VRA 15, 4) 7/	/7B	50	O Universi	ty Bou	levard	W. Silve	n Spr	ina. Md.	MAY	(5 19	BU	1		7_





		MARYLAND STATE DEPARTMENT OF HEALTH	.0 1
	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013	4 1
		CERTIFICATE OF DEATH	
		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) CATHERINE LOUISE THOMPSON Month Day You	2b. HOUR
	3. S	3 14 80	AM
	3. 3	O. NOT IN PORT IN PORT IN THE PROPERTY OF THE	EAR IF UNDER 24 HRS. DAYS HOURS MIN.
	70	remale Will 8 YRS.	
8	COL	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY	Md.
)	l l	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND	D OF BUSINESS OR
		SILVER SPRING give street oddess) STROUT STREET during most of work done 120. Kind	Y
0	13a. adm	I. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
1		MISSION) STATE MARYLAND 136. CONTROLLER SILVER SPRINGES X NO 1006 STROUT STRE	EET
ė	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
	160	JOHN CLEARY CATHERINE O'BRIEN D. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO. 117. INFORMANT Address	
	100	Yes no or unknown) (If yes give wor or dates of service)	ONICHTED
			PROXIMATE INTERVAL
	K	PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: BETWEE BE	EEN ONSET AND DEATH
		1/309	
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
		rise ta immediate cause (o), (b)	
		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	×	I UDANIC HOLNAPH TORIT TIMETTICAL	
	CATIC	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED II	N CERTIFYING
	CERTIFICATION	YES NO CAUSES OF DEATH?	
	MEDICAL	(If either, natify medical examiner) P.M. 19	
	N	While Not while Not while The Lact of Industry Office Building, Etc.	State
		22a. I certify that (I) (this haspital) attended the deceased from 1960, to 1960, to 1960, the saw the deceased alive an 1960, and that in (my) (eur) apinian death accurred an the date and ha causes stated abave, (I) (we) (did) (did not) view the bady after death.	nat (I) (we) last
		saw the deceased alive an	ur and fram the
		ANI CLAVATURE -	
		Bernard h Difay each Moegree ATTENDING MED. STAFF 22c. DATE SIGNED	
		22d PHYSICIAN'S	
		NAME (Type) BERNARD A. FITZGERALD 217 HAIVERSITY BLUB E SILVERS	peing me
	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
		BURIAL 5/14/80 GATE OF HEAVEN CEMETERY STLVER SPRING MON	
		FUNERAL DIRECTOR FRANCIS J. CULLINS ADDRESS 250. REC'D BY REGISTRAR 25b FUNERAL DIRECTOR FRANCIS J. CULLINS ADDRESS	
		500 UNIV. BLVD. W. STIVER SPRING NO 20001 DAMMAY 1 5 1980	realize

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		DIOSTE ADMIT	
		DAMES OF STREET	CONTROL SECURITION
PRINTA BOATWOOT :		P. Vigitorial	- married
	BMT SWITES	A PARTITION OF	No. 1
		5101	

Inc

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Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 2a. DATE OF DEATH MONTH 2b. HOUR IF UNDER I YEAR IF UNDER 24 HPS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Engineer 806 Violet Place, Holmes Lillian S. Townsend-(same as 13e) APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) town) apinion death occurred on the date and haur and from the causes stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1980 Fort Lincoln Brentwood Pr. Georges

EREC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

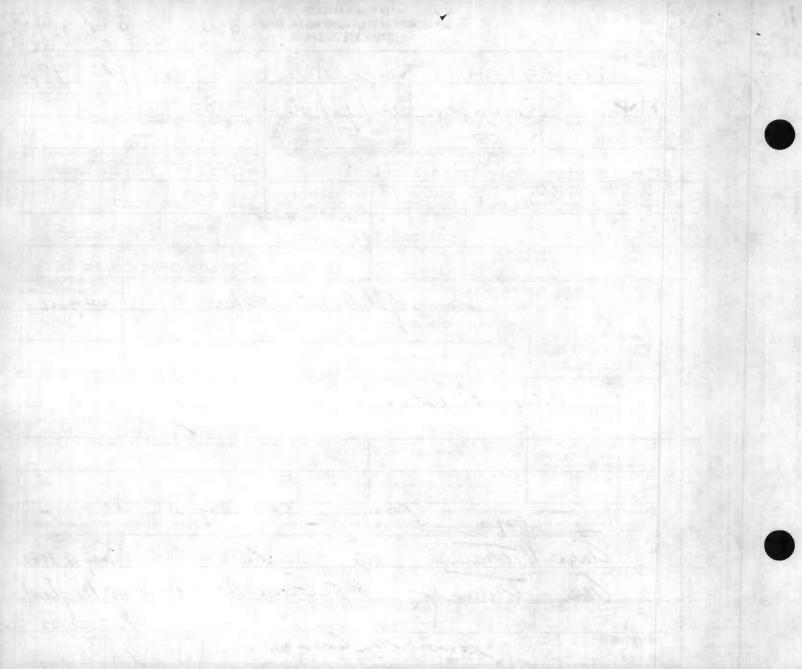
DHMH-16 25M (VRA 15, 4) 1/79 FOR

- STATE

1. DECEASED NAME

REGISTRAR

FIRST



UNIV. BLUD. W. STIVER SPRING MD

(VRA 15, 4) 7/78

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE MARKET STORY STATE STATE OF STREET

12		1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC		EG. NO.	3	4	4 5
(RA)		1. DEG	CEASED NAME	FIRST		MIDDLE	į.	AST	2r. DATE OF DE		DAY	YEAR	26 HOUR
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ge 4 mo ector, p		3 SE	F		4 RACE	W	S DATE C		6 AGE (IN YEARS		MONTHS	R) YEAR	HOURS MIN
nerol dir nn 72 hou	200ce		RTHPLACE (STATE OR FO DUNTRY) New Jet		76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DONORCED	9 BALTIMORE O	tgomer		ATH	MD.
S ofter d	Doubled To	10 CI	TY OR TOWN OF DEA Bethes	_	Subu	HOSPITAL, NURSIN CHEACHITY, GIVE STREET L'ÉDAN HO	ospital, nursing home or other inst facility, give street address) Chan Hospital		NSTITUTION 17: USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NOUSEWITE			17b. KIND OF BUSINESS OR INDUSTRY NOME	
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MARYLA Malerely and 2 sh) Somine	14. FA	THER'S NAME	Dono Susini LAST Emma A						ī			
BALTIMORE,	medicol	lán V	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	577 40 S		Frank H. Tuc		ADDRESS Hance	Place	e, L	aurel, Md
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ottendir	morkedor	MED	21d INJURY OCCURR WHILE NOT WHAT WORK AT WOR	DILE [OF INJURY REET, FACTORY, OFFICE, F		May 26	CIT	Y OR TOWN	Ag; C		STATE
TOR A POLICE	21 is me		22a.1 certify that (1) sow the decease above, (1) (we) (d	d olive or	may 2	19 8	15	d that in (my) (our) opinion	death occurred or	the date and i	nour and f		that (I) (we) last causes stated
At Ch. ATTI the hospit AL DIRECTO	45		226. SIGNATURE	ET	1.	w		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [22	DATE	SIGNED
O HOSPITAL of Front of TO FUNERAL IS should be detailed by the should be detailed.	MPORTANT		22d. PHYSICIAN'S NA	ME (TYPE	. —	, Ry M	D	94/1001	ed Seo	ege to	wn	ps.	
D & D &	_ (23a. E	BURIAL CREMATION,	*		8, 1980	AME OF C	EMETERY OR CREMATORY	Laure	T, Mary	land		STATE
DHMH-16 (VRA 15, 4		1	MERAL DIRECTOR	Nen	H+	ADDRESS	and	250. 30	N2 198	STRAR 256. REG	ISTRAR'S	1000	

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ix .	1-	#18,22a,FilmG5L FOR STATE REGISTRAR		DEPARTMENT OF			1 3	4 4 6	
(2)		CEASED NAME FIRST	TVIE	WIDDLE	LAST		REG. NO. KNOWN MONTH	DAY YEAR 2b. H	IOUR
Mask H		THOMAS	Franc	is	TYLER	DEATH	1 11 1 7 7 7 7 7 7 7	9 1980	M
N STREET	3. SE		Sept.4	YEAR 1904 75 YE	ARS IF UNDER 1 YR.	HOURS MIN. PRONOU DEA	INCED		55 5 M
CESSARY, NERAL DIE FOR YOU VITHIN 72 PRESTON	70 B	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WI	AT COUNTRY?	8 MARRIED NEV	P. BALTI	MORE CITY OR COUN		7
当 ラ ラー・()ー		irginia	USA		WIDOWED 1		ONTGOMERY C	OIINTY	MD.
THE AGE	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME		ION 12a. USUAL OCCI FOR MOST OF WO	JPATION (TYPE OF WORK	12b. KIND OF BUSINES OR INDUSTRY	
DELA 3 TO IN P. 8DS,	USU	OCKVILLE, AL RESIDENCE (IF IN MURSING HOME O	OR OTHER INSTITUTION, GI	Creek back	OI NUTSING	Home Ket	a.		
21201 2, AND 3 TC 2, AND 3 TC 3, RETAIN P SHOULLD BE 1, RECORDS,	3 13a. S	Va. Lou	doun	13c. CITY OR TOWN Aldie	YES W	NO 🗆	ESS		
MD. ATH.	14. F.	ATHER'S NAME FIRST William Elmir	a Tyler	LAST	15. MOTHE	Mary Leit	MIDDLE	LAST	
	16a \	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURIT	NO. 17. INFORM		ADDRESS		
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF	(,	No	WAR OR DATES)	226-42-3	982 Thom	as A. Tyler	Lee	sburg, Va.	
TON ST., B N 24 HOUR I ITEM 18. ALONG W I PERMIT. F I'CIENE, DI		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly one couse per line D BY: AT TE CAUSE (a)	for (o), (b), and (c).) terioscler	tic Cardio	ovascular Dise	ease	APPROXIMATE INTERV BETWEEN ONSET AND D	EATH
STON IIN 24 IN ITE A A LO SIT PEI HYGIE	100	Conditions, if ony, which		AS A CONSEQUENCE	OF .				
S, 301 W. PRESTR RECUTED WITHIN 3" IN PENCIL IN "AL EXAMINER A BURRALTRANSIT AND MENTAL HY ON, OR REMOVAL		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE)E				
301 W IN PE EXA RIAL-1		lying couse lost.	(c)	AS A CONSEQUENCE					
SE EXECUTION, OF BE EXECUTION OF BUILD OF SE EXECUTION OF SE EXECUTION OF SEMATION,	N.O.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).			
TAL RECORD HOULD BE E) HOULD BE E) HIEF MEDIC USED AS A DF HEALTH IL, CREMATIC	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORA	MED?	11-11-11-11	20. AUTOPSY?	
VITALR CORD YP CORD YP CORIEF E CHIEF WI OF HI	IF.							YES NO	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD. "PENDING", IN PENCIL, IN ITEM 18 POED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR, TO BURIAL, CREMATION, OR REMOVAL.		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY . MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER NATURE OF I	JURY IN ITEM 18 PART 1 OR PA	ART 2]	
VISIC CERTI TING TING 3 SH 3 SH DEPA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY (AT HOME,	21f. LOCATION STREET	CITY OR T		STANCE STANCE	TATE
DIVIS THIS CER E, WRITING RWARDED PAGE 3 STATE DEP	2	WHILE AT WORK AT WORK	SINEE!, FACI	ORT, PARM, ETC.)	Since	CITORI		JONIT	AIE
Z S S		22s. I certify that I took charg	e of the remains des	cribed obove, held on	Autopsy XX	Inspection . Inquir	ond in my o	pinion	
A - 2 2 - 4		death resulted from: Natur	of cours Di	Accident 50	cid Homici		nonner,		
MEDICAL EXAN CUTE THE CERT SE 4 SHOULD FUNERAL DIRE FUNERAL DIRE TIMORE, MARYI		ACTUAL C	home	A) Time	MD Dunts	PECIFY) W Chief medical exa	DATE DATE	ED 5-10-80	
TO MEDICAL E EXECUTE THE PAGE 4 SHOL FOUNDERAL FOUNDERAL BATTER DEATH,		EXAMINER'S NAME	H M I	-	53	y United Micolcat CAA	MIIAEK SIGIA	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TO ME EXECUT PAGE TO FUN TO FUN AFTER I		(TYPE OR PRINT)Thom	nas D. Smi	th M. D.	ADDRESS	111 Penn Str	ach Baildea	- MD 21201	
BA PAGE TO PAG	23a.B	urial, cremation, removal ? Burial	May 13,8		METERY OR CREMATO On	RY 23d, LOCATION CITY OR TOWN	iddleburg	,	
DHMH - 17 (VR A15 ME (5)) 30M 7/73		yston Juneral	Home	Middlebu	g,Va.	MAY 1 9 19			

